Biloxi Public Schools Physician's Report of Physically Disabling Conditions

Child's Name School DOB

I.

II.

	Orthopedic Impairments
	Amputation
	Burns (causing contractures)
	Cerebra Palsy
	Congenital Anomaly (Specify)
	Fractures
	Impairment caused by disease, e.g., polio, meningitis, arthritis,
	Other (Specify cause
3. O	other Impairments
	Asperger's Syndrome
	Asthma
	ADD or ADHD
	Cancer
	Cystic Fibrosis
	Diabetes
	Epilepsy/Seizure Disorder
	Heart Condition (Specify
	Hemophilia
	Leukemia
	Sickle Cell Disease
	Other (
	sician's recommendations regarding limitations, programming procedures
and	imitations Ambulatory with special equipment (crutches, walker, wheelchair)Non-ambulatory
and	imitations Ambulatory with special equipment (crutches, walker, wheelchair) Non-ambulatory Dependent on others for wheelchair mobility
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and	imitations Ambulatory with special equipment (crutches, walker, wheelchair) Non-ambulatory Dependent on others for wheelchair mobility Spasticity of extremities (specify which and the extend of involvement Inability to care for own personal needs Lethargy

B. Beneficial Programming Procedures

J. U	ther Recommendations:		
n	_		,,
	 '	of special equipment, such as	wheelchair, walker, etc.
	provide adequate liquid inta		
	monitor eating habits to pre	vent choking, gagging	
	limit physical activity	-	
	_promote awareness and pre	evention of dangerous situatio	ns
Need	s adult supervision to:		
C. P	recautions		
	_Other ()
	_assistance in the serving lin		
	_special feeding equipment		
	_assistance in feeding self		
	_ to be fed by someone		
•	pecial feeding needs:		
	_)
			1
	to provide for a special bow		ng, asuma
		e h as in case of seizures, choki	ng asthma
	_to provide medication for stu for gastronomy tube feeding		
	eeds in-house nursing care:		
	_		
)
	wheelchair mobility, special		y tooriinquoo,
	_	ng skills (e.g., special dressing	a techniques.
	— :		
	increase fine motor skills		