



Medical Verification of Physical Impairment (PI)

Alpena-Montmorency-Alcona
Educational Service District
2118 US 23 South
Alpena, MI 49707
(989) 354-3101

“Physical impairment” means severe orthopedic impairment that adversely affects a student’s educational performance.

Date Requested: _____

Student: _____

Date of Birth: _____

District/School: _____

Home Address: _____

Parents: _____

PLEASE RETURN TO:

Name: _____

School: _____

School Address: _____

Fax #: _____

The remainder of this form is to be completed and **signed** by the physician. All responses are confidential, and will be used as part of an evaluation for educational services.

Physician: _____

Practice Name: _____

Address: _____

Phone: _____

The student’s diagnosed **severe orthopedic impairment** is: _____

The prognosis for this student’s condition is: improving stable deteriorating life-long condition

Additional physician comments: _____

PHYSICIAN'S SIGNATURE: _____

Date: _____

Position: Orthopedic surgeon Neurologist Family Physician Other: _____
 Internist Pediatrician Psychiatrist

Attach to MET Form with copies distributed to: Parent Special Education File CA-60 Caseload Provider