

## Directions for Completing the **Diagnosis Verification Form**

- This form should be used for communicating information about a child’s diagnosis between the physician and the school.
- This form was created to fulfill the need for any type of “diagnostic letter” that a medical practitioner would be asked to write confirming a child’s medical diagnosis for the purpose of educational planning.
- Children become eligible for additional school supports and services when a need is identified, and depending on the degree of impact on the child’s educational program, medical documentation may serve as one of the pieces of evidence to support a Ministry of Education designation. **A medical diagnosis, by itself, does not determine the need for specialized educational services for children.**
- **In the case where a CDBC or other multidisciplinary assessment has been completed, this form does not need to be completed** as the necessary information would be included in said report.
- **If it is not yet possible to form a medical diagnosis** please provide a description including any functional impacts within each of the five domains indicated on the form. **As a child may not be adversely affected in all five domains please complete as much of the form as possible.**
- The physician is encouraged to request information from the school and other community agencies regarding the student’s cognitive and physical functioning in order to assist in the form completion. A Request for Information form is included in this package for your convenience.



# DIAGNOSIS VERIFICATION FORM (FROM PHYSICIAN TO SCHOOL)

Attention: \_\_\_\_\_ (Please advise if a different person is the main contact for this student)

The student named below may be eligible for supports and services as provided by the school district.

Information on this form will be used in confidence to assist in program planning and instructional support for the student. This information will be released to other parties only with the express written request of the student/parent or guardian.

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Student First Name      Middle Initial      Surname      Date of Birth      Phone Number

**1. Description and date of diagnoses (or explain why a diagnosis is not available):** *(referencing reports from other disciplines as necessary)*

**2. Describe the student's functional limitations (and severity) that have significant impact on their education setting:**

*(circle below)*

PHYSICAL FUNCTIONING	(e.g., gross motor, fine motor, and sensory system) In your opinion, does the child's physical functioning (gross motor, fine motor or sensory system) affect his/her ability to access school programming? Please comment:	N/A	Mild	Moderate	Severe	Other
COMMUNICATION	(e.g., receptive, expressive, pragmatic, stereotypic language) In your opinion, do the child's communication skills affect his/her ability to access school programming? Please comment:	N/A	Mild	Moderate	Severe	Other
SOCIAL/ EMOTIONAL FUNCTIONING	(e.g., mood, anxiety, inattention, thought problems, compulsions, stereotyped/disruptive/self-injurious behaviours, aggression, conduct; peer, school, community social adjustments) In your opinion, does the child's social/emotional functioning affect his/her ability to access school programming? Please comment:	N/A	Mild	Moderate	Severe	Other
ACADEMIC/ INTELLECTUAL FUNCTIONING	(e.g., achievement, learning difficulties, independence in school work) In your opinion, does the child's academic/intellectual functioning affect his/her ability to access school programming? Please comment:	N/A	Mild	Moderate	Severe	Other
SELF DETERMINATION/ INDEPENDENCE	(e.g., nutrition, parent and sibling adjustment, safety, feeding, dressing, hygiene, decision making)	N/A	Mild	Moderate	Severe	Other

Additional information can be added on this page; relevant reports can also be submitted.

3. Describe any side-effects and functional limitations resulting from treatments or medications:

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name (please print)

\_\_\_\_\_/\_\_\_\_\_  
Telephone Number/Fax Number



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*This form has been developed jointly by the BC Ministry of Education and the BC Pediatric Society/AAP BC Chapter*

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**Additional information (optional):**