

School Physician Communication Form

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Working with our Ministry of Education colleagues, we have significantly updated our school physician communication form.

The following documents may be helpful for pediatricians and family physicians on assessing students with learning difficulties.

[The School Physician Communication Form: What Educators and Physicians Need to Know](#)

[The School Physician Communication Form](#)

The image shows a tilted view of the 'School Physician Communication Form'. The form is titled 'School Physician Communication Form' and includes the following sections:

- Header:** 'To complete this form, please contact your local school board for the school name and address.' Below this, it states 'To be completed by SCHOOLS'.
- Form Fields:** There are several lines for 'School Name', 'School Address', 'City/Town/Village', 'Province', and 'Postal Code'. Below these is a table with columns for 'Date of Birth', 'Sex', 'Grade', and 'Comments'. There are also fields for 'Date of Referral', 'Date of Referral by School', and 'Date of Referral by Physician'.
- Form Instructions:** A large section of text providing detailed instructions for both schools and physicians on how to complete the form, including information about the form's purpose and how to obtain it.
- Form Footer:** Fields for 'Physician Name', 'Physician Address', 'Physician City/Town/Village', 'Physician Province', and 'Physician Postal Code'.