

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 'Subject Area'. There are also fields for 'Date of Referral' and 'Date of School Entry'.
- Checkboxes:** A checkbox labeled 'Is this student currently in school?' is present.
- Text Areas:** There are several large text boxes for providing detailed information, including a section for 'Additional comments'.
- Signatures:** At the bottom, there are lines for 'Physician Name', 'Physician Signature', 'Date', 'School Name', and 'School Representative Signature'.