



Medical/Psychological Hardship Information Form SY 2023/24

Current CCS Student Reassignment Guidelines outline that all requests for transfer based upon a medical condition must include a written statement from a licensed physician, psychiatrist, health, or mental health provider that includes a diagnosis of the medical condition and elaborates on specific medical advantages that are expected to accrue if transfer is granted. **The parent requesting the reassignment must have the information below completed by a licensed physician:**

Student Name _____

Zoned school of attendance _____

Requested school _____

1. What is this students current medical, emotional, or psychological diagnosis?

2. Are you currently treating this patient for this condition? YES or NO
3. How would the student's health/mental condition be specifically affected at the requested school of assignment? What is the advantage?

4. How would the student's health/mental condition be specifically affected at the zoned school of assignment? What is the disadvantage?

5. Please describe this patient's current treatment plan

6. In your professional opinion, will the student be able to meet the requirements for continued good standing in terms of grades, behavior, and attendance in consideration of the student's needs, circumstances, and condition.

7. In your professional opinion, are there contraindications or predictable reasons that enrollment in the requested school could cause harm to the student?

8. In your professional opinion, how will this student's reassignment accomplish current treatment goals?

*Health Care Provider's
Signature*

Name & Stamp of Practice

*Health Care Provider's Name
(Printed)*

Date