Medical or Psychological Hardship
Information Form, SY2019-20

Name of Student: ________________________________

Current CCSD Student Reassignment Guidelines outline that unless there is an extraordinary hardship such as a documented medical, emotional or psychological reason, the Superintendent (or designee) shall not grant a reassignment into an overcrowded school. For purposes of having a Student Reassignment Application considered on the basis of a medical, emotional or psychological reason, the student/parent requesting the reassignment must have the information below completed by a licensed physician:

1. What is this patient's current medical, emotional or psychological diagnosis?

________________________________________________________________________

2. Are you currently treating this patient for this condition? YES or NO

3. Please describe this patient's current treatment plan?

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

5. In your professional opinion, do you think a reassignment from his/her resident school will have a significant, positive impact on this student's treatment goals/plan? YES or NO

6. Should we contact you for any further information regarding this request for Information? YES or NO

If “YES”, please provide your contact number: ________________________________

________________________________________________________________________

Physician’s Signature ___________________________  Name of Practice ___________________________

Physician’s Name (Printed) ______________________  Date __________________________

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