

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](#)

School Physician Communication Form
To be completed by SCHOOLS

Student Name: _____ School Name: _____
Class: _____ School Address: _____
Phone Number: _____

Assessment Information	Physician Information	Comments

Date of last communication: _____

Physician Name: _____
Physician Address: _____
Physician Phone Number: _____
Physician Email: _____

Comments: _____

Physician Signature: _____ Date: _____