

School Physician Communication Form

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

Name of School: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Telephone: _____

Fax: _____

Principal: _____

Classroom Teacher: _____

Student Name: _____

Grade: _____

ASSESSMENT DATE	ASSESSMENT TYPE	ASSESSOR	ASSESSMENT RESULT

ASSESSMENT PURPOSE: _____

ASSESSMENT RESULTS: _____

ASSESSMENT RECOMMENDATIONS: _____

Physician Name: _____

Physician Address: _____

Physician City: _____

Physician Province: _____

Physician Postal Code: _____

Physician Telephone: _____

Physician Fax: _____

Physician Signature: _____

Date: _____