



Chronic Health Verification

When a student is identified as potentially requiring a plan to address significant absences associated with a chronic health condition, a medical certification form shall be sent to the parents and returned within (30) school days. The parent, teacher and school administrator shall meet within (15) days following return of the medical certification.

Eligibility Criteria and Action Steps

1. The student is identified as potentially requiring a chronic illness health plan by registration, attendance data, parent or teacher referral.
2. The parents **submit the attached written medical certification (completed by a physician)** to school administration.
3. The appropriate exclusions and exemptions will be determined by the parent, teacher and school administrator according to the following considerations:
 - a. The nature of the health condition relevant to the students anticipated activity level during absences (based on review of the medical certification)
 - b. The student's academic capacity
 - c. The teacher's recommendations for service delivery based on coursework difficulty and student's ability to learn independently.
 - d. The amount of instructional time required by the student for continuous learning.

After the parent, teacher, and administrator have discussed the student's needs, an Exclusions and Exemption Instructional Agreement will be created. This agreement will specify the delivery and return of homework assignments and anticipated contact time with the teacher to assist the student in completing required coursework during absences.



ARIZONA AUTISM
CHARTER SCHOOLS, INC.

Chronic Health Condition Verification

Date:

This form expires at the end of the academic year.
Obtain and complete a new form each school year

School:

Grade:

Student Name:

Birth Date:

Parent Name:

Phone #:

Medical Diagnosis:

Medical Diagnosis Date:

List symptoms that may cause school absence:

Physical limitations that may affect Physical Education activities:

Please check anticipated absences due solely to this chronic health condition.

Include anticipated surgeries, treatments or hospitalizations that may interfere with school attendance during the 20 ___ - 20 ___ school year.

5-15 days 16-30 days > 30 days should not affect attendance

Other relevant information:

This Chronic Health Condition Certification is in compliance with A.R.S. 15-346 concerning pupils with chronic health problems. Identification of students with a chronic health condition may be completed by an appropriately certified health professional in the fields of podiatry, chiropractic, medicine, naturopathic medicine, osteopathy, physician assistant, or registered nurse practitioner.

Physician's Signature:

X

Date:

Physician's Name (printed):

Phone #:

Office Address:

I hereby request and authorize the exchange of information on the above diagnosis pertaining to my child between Health designated staff of Arizona Autism Charter Schools and the physician named above.

Parent Signature: _____

Date: _____