

**PHYSICIAN'S STATEMENT
FOR IEP REDUCED SCHEDULE**

Date: _____

IEP Reduced Schedule

The IEP Team may shorten the school day for a pupil with disabilities on an individual pupil basis. The medical or emotional reason should be documented in the pupil's record or IEP. Documentation supporting such a placement must be provided by a licensed physician as defined by PA 368, MCL 333.17001(1).

Physician

I certify that (student name) _____ has the following medical or emotional condition _____, and cannot attend school full-time, in either a regular or special education classroom. This condition will present for approximately _____ weeks.

I would recommend a medical reevaluation on _____.

Physician (Signature)

Physician Name (Print)

Student's Address: _____

Phone Number: _____

School: _____

Dear Parent,

Please have the upper portion of this form completed by your physician. Services will not begin until this statement has been received by our office. The student's physician must certify that the child will not be able to attend school full-time due to medical or emotional reasons.

PLEASE RETURN TO:

Gogebic-Ontonagon Intermediate School District
PO Box 20
Ewen, MI 49925

Or Fax: 906-575-3373
Or Scan/Email: pollila@goisd.org