



Blue Ridge Pediatrics

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www.blueridgekids.com

REQUEST FOR SCHOOL EVALUATION

Date of request: _____

REGARDING: _____

(Patient name)

_____ was seen for evaluation at _____. We reviewed _____'s report card and teacher intake form. Our concerns include the following:

(Patient name)

(Clinic name)

(Patient name)

Physical examination was:

___ Normal

___ Abnormal with the following findings:

Current medications:

We are requesting further evaluation as _____ may have a disability and may require special education services. We suggest the following evaluations:

(Patient name)

- ___ Cognitive (IQ) assessment
- ___ Educational assessment
- ___ Speech/language evaluation
- ___ Occupational therapy assessment
- ___ Physical therapy assessment
- ___ Social-emotional assessment
- ___ Behavioral assessment
- ___ Assistive technology assessment

I look forward to working with you. If there are any questions, please contact me.

Sincerely,

Physician signature

Print name

Phone

PARENT REQUEST: I am requesting that my child be evaluated as indicated above.

Parent signature

Relationship

Phone

Date