Remote Instruction Consideration by a Physician

A parent/caregiver (or adult student) has referred their child to their RSU 16 team for consideration of remote instruction for the 2021-22 school year. A physician, nurse practitioner or physician's assistant must fill out this form and return it to the school prior to the referral meeting. A school nurse or school counselor will also follow up with any additional questions to gather information for the referral team to consider (signed consent to exchange information will be provided by the parent/caregiver). The appropriate school team (RTI, 504, or IEP) will take the referral and accompanying information into consideration at a meeting with the parent/caregiver as soon as the team is able to convene, and will first consider ways to accommodate in-person attendance.

Name of Patient/Student	
Date of Birth	
School Attending	

1) Compromising medical condition student is experiencing, how long it is considered to last, and why they should be considered for remote instruction:

_____

_____

_____

2) Suggestions for additional accommodations that could be considered to allow student to attend in-person:

_____

_____

_____

Name of Physician Printed:_____

Signature of Physician:_____ Date:_____

Please return this form to the school nurse:

Poland Regional High School and Bruce M Whittier Nurse: Lisa Storer lstorer@rsu16.org Fax: (207) 998-5060	Elm Street School Nurse: Laurie Camire lcamire@rsu16.org Fax: (207) 346-6224	Poland Community School Nurse: Louise Robins lrobinson@rsu16.org Fax: (207) 998-4998	Minot Consolidated School Nurse: Mary Wallace mwallace@rsu16.org Fax: (207) 345-9535

Parent/Guardian agrees to allow the signing physician, nurse practitioner, or physician's assistant to send this information directly to the school:

Parent name printed:_____

Parent Signature:_____ Date:_____