CUMBERLAND COUNTY SCHOOLS

Rev. 11/2023

Students Diagnosed with Emotional Disturbance

Student Name: | **DOB:**

Medical Diagnosis: Specify medical diagnosis and how it may impact the educational environment _____

_____

_____

_____

The following section is to be completed by a licensed psychiatrist.

Diagnosis in infancy, childhood or adolescence Please indicate all that apply	Pattern or History of Behavior That Impacts School Attendance
☐ Autistic Disorder	
☐ Asperger's Disorder	
☐ Attention Deficit/Hyperactivity	
☐ Conduct Disorder	
☐ Other	
☐ Anxiety Disorder	
☐ Panic Attack	
☐ Social Phobia	
☐ Obsessive Compulsive Disorder	
☐ Post-Traumatic Stress Disorder	
☐ Schizophrenia/other Psychotic	
☐ Other	
☐ Substance Related Disorders	
☐ Major Depression Episode	
☐ Depressive Disorder	
☐ Bipolar Disorder	
☐ Other	
☐ Anorexia Nervosa	
☐ Bulimia Nervosa	
☐ Factitious Disorder	
☐ Other	
☐ Paranoid	
☐ Schiziod	
☐ Antisocial	
☐ Obsessive Compulsive	
☐ Other	

Instructional Options:

Are there any instructional options which you would suggest that would make school attendance possible?

- ☐ Attend school half day
- ☐ Attend school 2 or 3 days a week
- ☐ Release student to visit school counselor when necessary
- ☐ Rest period during day
- ☐ Release student to calm corner
- ☐ Other Accommodations:_____

_____

The following section is to be completed by the mental health professional

Expected duration the disability will prevent school attendance: _____

Your recommended re-entry plan to school: _____

_____

Do you recommend homebound instruction? Yes or No

Physician's Signature: _____ **Date:** _____

Physician's name (printed): _____ **Phone Number:** _____

Medical Specialty:_____ **Physician ID:** _____

Address: _____ **City:** _____ **Zip Code:** _____