



Office of Special Services

PO Box 1437

300 North Kentucky

Roswell, New Mexico 88201

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Medical Recommendation

Student:

Current School:

DOB:

The following information is provided to the Roswell Independent School District for review by the individual Educational Program Multidisciplinary Team:

1. Nature of impairment/diagnosis:
2. Etiology of the disabling health impairment or condition:
3. Expected duration of needs and prognosis of condition:
4. What restrictions, if any, should be placed on related services, (Speech, OT, PT)?
5. What restrictions, if any, should be placed on the amount or type of school-based services?
6. Precautions for staff in the school environment:
7. Physical/mental capabilities and limitations of the student (inclusive of description of prosthetic devices and modifications)
8. Should this student be in school with this condition?

If yes, please explain:

Signature of licensed physician/psychologist:

Signature

Date

Please return to: Roswell Independent School District
Special Services
300 N. Kentucky
Roswell, NM 88201