

**PHYSICIAN-SCHOOL CORRESPONDENCE FORM –CNS/Brain Tumor**

\_\_\_\_\_, \_\_\_\_\_ was diagnosed with a  
*Name of student* *DOB*

\_\_\_\_\_  
*Type of tumor* CNS tumor on \_\_\_\_\_ and  
*date*

is currently under my care: (see attached medical report)

- Scheduled for surgery
- Recovering from surgery

Receiving chemotherapy treatment  
\_\_\_\_oral \_\_\_\_intravenous for \_\_\_\_weeks/months  
Receiving radiation treatment: \_\_\_\_ weeks/months  
Attending follow-up clinic \_\_\_\_ days per month

**ABILITY TO FUNCTION IN SCHOOL:** School

functioning is expected to be:

- Mildly impacted
- Moderately impacted
- Significantly impacted

Student is *medically excused* from school for \_\_\_\_\_  
*# of days/weeks/months*

Student requires *homebound teaching* for \_\_\_\_\_  
*# of days/weeks/months*

- Beginning immediately
- To begin within \_\_\_\_\_  
*# of days/weeks/months*

**REFERRAL FOR SUPPORTS/SERVICES:**

It is recommended that the school hold an immediate Student Study Team (SST) meeting that includes the school nurse to determine his/her current educational and medical needs for successful transition to school. Due to the nature of diagnosis, treatment and the impact on this student's developing brain/functioning, it is likely that he/she will require determination for one or more of the following:

- Basic interventions and accommodations in the general education classroom
- Section 504 Accommodation Plan
- Referral for special education assessment
  - o *Immediate 504 Plan during assessment process recommended*
- Immediate medical eligibility per review of records for special education services due to the significant nature of condition

**SCHOOL RE-ENTRY:** Student is released to return to school on \_\_\_\_\_ with the following guidelines:  
*date*

- Combination of home/hospital teaching and minimal school attendance to support treatment regimen
  - o \_\_\_\_\_ hours per day/week
- Gradual return, beginning with \_\_\_\_\_ hours per day and increasing based upon stamina
- Attend for socialization purposes only
- Attend ½ day with rest breaks
- Attend full day with rest breaks
- Allowance for excused absences due to medical treatment/condition
- Physical Education
  - o *Excused from PE for \_\_\_\_ weeks/months/until further notice*
  - o *Limited PE: aerobic activity only; no contact sports*
- Individualized Health Care Plan developed to properly address medical needs in school setting

**SCHOOL INFORMATION FORM-CNS/Brain Tumor: Areas of Impact\***

\_\_\_\_\_ is presenting with the following areas of concern due to  
Name of student \_\_\_\_\_ DOB \_\_\_\_\_  
a diagnosed brain tumor and treatment effects, and may need to be assessed by the school district in areas checked to  
determine how each area may impact their ability to access and benefit from their education.

**MEDICAL NEEDS**

- Headache
- Pain
- Altered sleep patterns
- Feeding/nutrition issues \_\_\_\_\_
- Fatigue/weakness
- Dizziness
- Respiratory dysfunction
- Compromised immune system
- At risk for recurrence of tumor
- Seizures (describe) \_\_\_\_\_
- Endocrine issues \_\_\_\_\_
- Side effects of *prescribed medications*
  - \_\_\_\_\_ dosage \_\_\_\_\_ for \_\_\_\_\_
  - \_\_\_\_\_ dosage \_\_\_\_\_ for \_\_\_\_\_
  - \_\_\_\_\_ dosage \_\_\_\_\_ for \_\_\_\_\_
  - \_\_\_\_\_ dosage \_\_\_\_\_ for \_\_\_\_\_
  - \_\_\_\_\_ dosage \_\_\_\_\_ for \_\_\_\_\_
- Mouth/sore throat sores
- Swallowing difficulties
- Skin/nail problems (rash, itch, sun sensitivity)
- Hair loss (allow hat)
- Elimination issues (diarrhea/constipation)
- Nausea/vomiting
- Hydrocephalus/shunt placement
- Individual Health Care Plan required**
- Universal precautions to reduce infection recommended**
- Adult assistant for safety required**
- Health care assistant required**
- LVN required**

**COGNITIVE IMPAIRMENT**

- Cognitive Fatigue
- Cognitive overload/confusion
- Attention/concentration issues
- Slowed processing
- Memory deficits
  - o Short term
  - o Long term
- Difficulty following directions
- Cognitive decline
- Special education assessment recommended**
- Neuropsychological assessment recommended**

## **COMMUNICATION IMPAIRMENTS**

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- Oral motor deficits
  - *Poor swallowing*
  - *Poor saliva management*
  - *Impaired speech intelligibility*
- Receptive language deficits
- Expressive language deficits

Social/pragmatic difficulties  
***Language and Speech assessment recommended***  
***Augmentative/Alternative communication recommended***

## **ORTHOPEDIC/MOTOR IMPAIRMENTS**

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- Gross motor
  - *Coordination difficulties*
  - *Balance difficulties*
- Slowed motor skills
- Hemiparesis: Right side    Left side
- Non-ambulatory
- Walking with assistive device
- Non ambulatory
- Fine motor

Ataxia  
Visual motor  
At risk for falls  
***Physical Therapy assessment recommended***  
***Occupational Therapy assessment recommended***  
***Adapted Physical education assessment recommended***

## **SENSORY IMPAIRMENTS**

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- Changes in vision
  - *Acuity*
  - *Double vision/blurriness*
  - *Ocular-motor*
  - *Field cut: \_\_\_\_Left \_\_\_\_Right*
  - *Hemianopsia*
  - *Visual-perceptual deficits*
- Changes in Hearing
  - Left Right \_\_\_\_\_
- High sensitivity to:
  - Noise
  - Bilateral or unilateral

*Light (allow hat)*  
*Touch*  
***School based Vision Services recommended***  
***Occupational Therapy assessment recommended***  
***Vision Therapy assessment recommended***  
***Audiology assessment recommended***  
***School based hearing services recommended***

## **SOCIAL/EMOTIONAL/BEHAVIORAL CONCERNS**

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- Sadness or depression
- Adjustment to diagnosis/changes in functioning
- Personality changes
- Fear
- Withdrawal
- Low motivation
- Poor peer/sibling relationships

Irritability  
Verbal aggression  
Physical aggression  
Elopement  
***Social emotional assessment recommended***  
***Counseling recommended***  
***Behavior Assessment/ Intervention Plan recommended***

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Signature of physician/clinician

date

*\*Forms to be updated throughout course of treatment/clinic follow-up*

## Pathway to Access School Intervention Services for Students with CNS/Brain Tumors

### *Upon diagnosis/admission:*

- Parent provides medical personnel with school contact information and establishes point of contact (*principal/school nurse/school psychologist*)
- Parents sign medical/school release forms for records exchange between agencies

### *As soon as possible during treatment:*

- Medical staff assists parents in developing/sending *Referral Letter* (figure 2) to identified contact person at school
- Physician/medical staff complete *Physician-School Correspondence Form-Brain Tumor\** and sends to school contact indicating:
  - Level of impact on school functioning
  - Determination of need for homebound teaching
  - Referral for interventions/supports and services
  - Return to school with limitations specified
- Physician/medical/allied health staff complete *School Information Form-Brain Tumor: Areas of Impact\** and sends to school indicating:
  - Medical needs
  - Identifiable cognitive impairments
  - Communication impairments
  - Orthopedic/Motor impairments
  - Sensory impairments
  - Sensory impairments
  - Social/Emotional/Behavioral concerns

### *Upon receipt of forms/records from physician/medical staff, school holds Student Study Team (SST) to:*

- Determine need for intervention
- Determine eligibility for appropriate level of intervention
  - RTI-Response to Intervention for mildly impacted students who can continue school attendance
  - Homebound teaching or combination of homebound teaching and partial school attendance
  - Referral for a 504 Accommodation Plan
  - Referral to or immediate medical eligibility for Special Education

### *If 504 Accommodation Plan is deemed appropriate, 504 school team meets to determine eligibility and appropriate and reasonable accommodations prior to school re-entry, including:*

- Academic/testing accommodations
- Physical access accommodations
- Partial or full day attendance adjusted as needed
- School health care plan developed
- Determination of needed services

### *If referral to special education is deemed appropriate:*

- Immediate interim 504 Accommodation Plan developed to provide basic accommodations services while assessment is in progress
- Immediate medical eligibility for special education per review of records/physician forms due to significant nature of child's condition with Individual Education Plan (IEP) meeting held to make student eligible for services
- Special Education Assessment and Individual Education Plan Process:
  - Parents presented with assessment plan for consent to evaluation within 15 days of request
  - Student evaluated in all areas of suspected disability (*cognition, communication, motor, sensory, functional, social-emotional*)
  - Findings of assessment presented at IEP meeting to be held within 60 calendar days of receiving signed assessment plan
  - IEP meeting held to determine eligibility; development of goals and offer of services at a mutually agreeable time

- Frequent team meetings held to adjust needs/services based upon child's changing condition per updated *Physician-School Correspondence Form/School Information Form-Areas of Impact*
- Annual review of progress on goals

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**Sample Referral Letter**  
**Request for Student Study Team/Special Education Assessment**

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Dear Principal/Teacher,

Our son, [REDACTED] (DOB) a student at [REDACTED] was diagnosed with a brain tumor in late December and had immediate surgery to remove most of the tumor. He is experiencing seizure activity and is still hospitalized. He is unable to attend school at this time, and may undergo chemotherapy treatment.

We are requesting that a Student Study Team (SST) meeting be scheduled with the school nurse in attendance. The purpose of the meeting is to discuss Brandon's current medical status and how it may impact his school attendance and functioning. Brandon may require school interventions or special education services, and we would like to discuss those options at the meeting. Depending on Brandon's medical status we may be able to attend the meeting in person, but if not, request that it take place via phone.

Please send us the appropriate release forms so that we may authorize an exchange of information between the school and medical/rehabilitation professionals treating Brandon.

Sincerely,

\_\_\_\_\_  
[REDACTED]