ALCOTT SCHOOL

Doctors and Professionals Form
Summer 2017 & 2017-2018 School Year

Child's Name: _____ DOB: _____ Site: _____

Please list all doctors and professionals who have seen your child. It is important for our staff to be knowledgeable of any specialized evaluations so that these can be incorporated into your child's educational plan. Please indicate in the columns below whether we have received a report. If a report has not been sent, please indicate your consent and we will send the appropriate release for your signature to obtain a copy of the report.

Type of Professional	Name	Telephone Number	Date last seen	Report sent to Alcott	Will send report	Will sign release
Pediatrician						
Audiologist						
Ear/Nose/Throat Doctor (ENT)						
Speech/Language Therapist						
Physical Therapist						
Occupational Therapist						
Dentist						
Neurologist						
Ophthalmologist						
Optometrist						
Physiatrist						
Psychologist						
Allergist						
Other						

Name of Parent/Guardian (please print): _____

Parent/Guardian Signature: _____ Date: _____