

ALBEMARLE COUNTY PUBLIC SCHOOLS  
DEPARTMENT OF SPECIAL SERVICES  
401 McINTIRE ROAD  
CHARLOTTESVILLE, VA 22902  
(434) 296-5885

**PROCEDURE FOR MEDICAL EVALUATION**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dear \_\_\_\_\_:

Please find enclosed a copy of the medical evaluation form which needs to be filled out by your physician and returned to your child's school as soon as possible. This is a component selected for your child's special education evaluation assessment.

The medical evaluation can be done in one of three ways:

1. If your child has been seen by his/her physician in the last year, request that this form be completed from physician's records.
2. A new medical can be completed by a physician of your choice. Albemarle County Schools will pay up to \$40 of the charge and you will be responsible for the remainder. Please either have the doctor bill Albemarle County Schools at the address on top of the medical form or you may mail to that address.
3. Prompt Care (1149 Seminole Trail - rt.. 29N and Seminole Court) will do the medical and bill Albemarle County Schools when you present the enclosed form.

If you have questions regarding this, please contact me and I will be happy to help you in any way I can.

Sincerely,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone number