

# Special Education Department

JOHN GLENN / UNION NORTH UNITED

407 Washington Street • Walkerton, Indiana 46574 • Phone: 574-586-3184 ext. 6302

## Certificate of Incapacitation

Students Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

School Contact Person: \_\_\_\_\_ Date of Request: \_\_\_\_\_

### **511 IAC 7-42-12 Instruction for students with injuries and temporary or chronic illnesses**

(a) All students with injuries and temporary or chronic illnesses that preclude their attendance in school must be provided with instruction.

(b) Before instruction for a student unable to attend school can begin, the parent must provide the school corporation or charter school with a written statement from a licensed healthcare provider with prescriptive authority that states one (1) of the following:

(1) The student has a temporary illness or injury that will require the student's absence from school for a minimum of twenty (20) consecutive instructional days.

(2) The student has a chronic illness or other medical condition that will require the student's absence for an aggregate of at least twenty (20) instructional days over the period of the school year.

(3) The student has an illness or injury that will require the student's absence for the remainder of the school year if there are fewer than twenty (20) instructional days remaining in the school year.

The school may also require the parent to provide written consent for the school to consult with the licensed healthcare provider concerning the student's ability to attend school, required limitations on the student's activities, the student's anticipated date of return to school attendance, or any other matters affecting the student's ability to receive instruction.

(c) For a student who is:

(1) eligible for special education and related services; and

(2) unable to attend school as described in subsection (b);

special education and related services, including access to the general education curriculum, must be provided in accordance with the IEP, as determined by the CCC.

Student Name: \_\_\_\_\_

(d) Instruction provided under this rule may continue through the summer to enable a student to complete a semester to meet promotion requirements.

(e) For a student who is eligible for special education and related services, instruction and related services must be provided by appropriately licensed personnel. For all other students, instruction must be provided by teachers licensed to teach the grade level of the student.

**\*\*\*\* TO BE COMPLETED BY PHYSICIAN \*\*\*\***

Please describe the temporary illness or injury that will require this student to be absent from school:

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Will the student be absent from school for at least 20 consecutive instructional days? \_\_\_\_\_

Anticipated date the student may return to school: \_\_\_\_\_

Physician's (Printed) name : \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Office Address:  
\_\_\_\_\_  
\_\_\_\_\_

Physician Phone: \_\_\_\_\_

**Please return this form to:**  
Special Education Department  
407 Washington St.  
Walkerton, IN 46574