

Indiana Department of Education



Center for School Improvement and Performance
Office of Student Services
State Attendance Officer
Room 229, State House - Indianapolis, IN 46204-2798
Telephone: 317/232-9132
gnettles@doe.state.in.us

MEMORANDUM

To: Whom This Matter May Concern

From: Gaylon J. Nettles
State Attendance Officer

Re: Certificate of Child's Incapacity

Date: March 1, 2001

Chronic absenteeism due to health related symptoms complicates the provision of educational services and the ability of a child to learn in an organized manner. Schools report that chronic absenteeism due to alleged health problems is a significant issue for administrators and teachers. In addition, both federal and state law require schools to have written procedures for the identification, location and evaluation of students with disabilities as defined by the various statutes (See Section 504 of the Rehabilitation Act of 1973 (34 CFR § 104.32)), the Individuals with Disabilities Education Act (20 USCA § 1412 (a) (3)) and 511 IAC 7-25-2 (Indiana Administrative Code)).

The attached form was developed by administrators and attendance officers to provide a response to chronic absences due to health complaints. The form is more elaborate than the usual notes from physicians. It was developed for use as a last resort when the child is experiencing an extraordinary number of absences for health reasons and the school administration needs more elaborate data. Local school letterhead may be used on the cover letter. Department of Education letterhead is on the Certificate.

Questions or comments should be addressed to the State Attendance Officer.

(School Letterhead Goes Here)

Parent To Produce Certificate of Child's Incapacity on Demand

Indiana Code 20-8.1-3-20

If a parent does not send his child to school because of the child's illness or mental or physical incapacity, it is unlawful for the parent to fail or refuse to produce a certificate of the incapacity for an attendance officer within six (6) days after it is demanded. The certificate required under this section shall be signed by an Indiana physician or by an individual holding a license to practice osteopathy or chiropractic in this state or by a Christian Science practitioner who resides in Indiana and is listed in the Christian Science Journal.

_____ (Type parent's name and address here)

Date: _____

Dear _____,

School records indicate that _____ has not attended
(Student's full name)

_____ on the following dates:
(School Name)

As cited in the Compulsory School Attendance law of the State of Indiana (see the box above), the school may demand a physician's certificate for your child's absences due to illness. Within six (6) days after receipt of this letter, return the enclosed certificate with your physician's signature concerning your child's absences from school.

If you have any questions you may call the school to arrange for a conference.

Gaylon J. Nettles
State Attendance Officer
Indiana Department of Education

Name: _____
Title: _____
Telephone Number: _____

Subscribed and sworn to before me this
_____ day of _____, 20____.

Notary Public
My commission Expires: _____, 20____.

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Certificate of Incapacity

(Note: I.C. 20-8.1-3-20 requires this form to be signed by a licensed physician)

Students' s Name _____
(Last) (First) (Middle)

Grade _____ Date of Birth _____ Social Security Number (optional) _____ - _____

School _____ Principal _____ Telephone
Number (_____) _____

Part 1 (To Be Completed By The Physician)

Diagnosis or Description of the Condition _____

Duration of the Condition (Check One): _____ permanent _____ temporary

Anticipated Date the Student May Return to School: _____, 20____.

Date Student Should Return for Re-examination: _____, 20____.

Part 2 (To Be Completed By The Physician)

Based on your diagnosis and professional judgment, the school should anticipate the student's attendance to be (check one):

_____ Regular Daily Attendance

_____ Irregular Daily Attendance (please explain)

_____ Seasonal (please explain)

If an individualized program is warranted due to anticipated irregular school attendance or restriction of physical activities, the school may submit a written individualized program for the physician's approval and signature.

Return form to:

Telephone Number

Physician's Signature

Physician's Printed Name

Physician's Address

Telephone Number
