

RAINY RIVER DISTRICT SCHOOL BOARD

Physician please complete this Functional Abilities Form:

OCCUPATION: _____

Physical Ability	Describe Limitation
Walking	
Standing	
Sitting	
Bending	
Kneeling	
Reaching	
Lifting	
Pushing/Pulling	
Stair/Ladder Climbing	
Handling/Gripping	
Other	

Cognitive/Mental Ability	Describe Limitation
Attention & concentration	
Learning & memory	
Decision-making	
Judgement	
Organization & planning	
Social interaction	
Communication	
Adaptation	
Other	

Signature of Physician

Date