

Date:

Parents name:

Phone number:

Principal's name:

Special Education Director's name:

Superintendent's name:

Re:

DOB:

Dear Educators and Administrators,

We are the parents of _____ who attends _____
and is in the _____ grade level.

Our child has recently been diagnosed with _____, which directly impacts
their educational performance and needs.

To address our concerns, we are requesting that our child be considered for an
accommodation plan pursuant to **Section 504** of the Rehabilitation Act.

We would like to arrange a meeting as soon as possible to discuss the accommodation
recommendations made by the treating pediatric neurologist.

Thank you in advance for your collaborative efforts to provide an appropriate and
quality educational experience for our child. We look forward to hearing from you and
working with you and your staff on this matter.

Sincerely,