

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,