

## Sample Letter:

### Requesting Evaluation to Determine Eligibility for Services under Section 504 of the ADA

Your Name and Full **Home** Address

Date

Name of School Principal

School Address

Dear \_\_\_\_\_,

I am the parent of \_\_\_\_\_, whose date of birth is \_\_\_\_\_, and who is a student in the \_\_\_\_\_ school and in the \_\_ grade.

I am writing to let you know my child has been diagnosed with a chronic medical condition. \_\_\_\_\_ may need additional support services or help at school.

To address this situation, I would like an evaluation by the school because of limits on \_\_\_\_\_ ability to learn due to the chronic medical condition, the treatments, and the necessary absences. I am particularly concerned about: *(List all areas you think may cause problems at school and that you wish to be considered.*

- *inattentiveness*
- *distractibility*
- *fatigue*
- *difficulty with communication*
- *problems completing schoolwork*
- *fine motor skills*
- *gross motor skills*
- *disorganization*
- *behavior*
- *social problems*
- *special dietary needs*
- *other issues specific to your child and their medical condition (i.e.: food allergy or intolerance)*

If there are forms that my child's doctor needs to complete and sign, I would like to have those to give to the medical team. I will forward you copies of the medical evaluations that have been completed as soon as possible.

I look forward hearing from you about a meeting to discuss my concerns. Please contact me in writing to let me know the time and date of the meeting.

By working together, I know we can help my child experience success in school even with this challenge. If you have any questions about this request, please contact me at the following phone number or email:

\_\_\_\_\_

Thank you for your time and attention.

Sincerely, Parent Name