

(Today's date, including month, day, year)

Principal (First and last name)

(School name)

(School address)

Re: (Your child's first and last name)

DOB: (Your child's date of birth)

Dear Principal (last name):

I am writing to formally request a meeting to create a 504 plan for my child, (child's name). As you may know, (child's name) has (name of disability or health issue), a condition that impacts (his/her/their) daily functioning at school.

Enclosed you will find documentation of my child's condition from (his/her/their) doctor, including information about how severe (his/her/their) (condition) is and how it manifests or shows itself in daily life. Please let me know if you need any more information before we meet.

I have spoken with (child's name) teacher, (teacher's name), about my plan to ask for this meeting. In order to develop and start using an accommodations plan in a timely manner, I would like to have this meeting as soon as possible.

Please let me know the earliest meeting times and dates that all the necessary school personnel can attend. In my child's case, I feel it's crucial to have the (school nurse, homeroom teacher, recess monitor, etc.) involved in this meeting.

I look forward to hearing from you within the next week about this meeting request.

Thank you for your help.

Sincerely,

(Your name)

(Your street address)

(Your city, state, zip code)

(Your phone number)

Enclosure: Physician's statement