SAMPLE 504 LETTER

Date_____

To Whom It May Concern:

I am writing in reference to _____, a patient in my pediatric practice. _____ has been diagnosed with Attention Deficit Hyperactivity Disorder and would benefit from a 504 classroom accommodation plan that may include interventions such as preferential seating, breaking material into subunits, extra time to complete class work or examinations, decreasing work load, repeating directions, redirecting off task behaviors, providing organizational assistance and allowing out of seat activities.

Please contact me with any questions or concerns.

Sincerely yours,

_____M.D.