date

Mr. Smith

Guidance Counselor

Noname High School

555 Avenue

Your town, your state, zip

Dear Mr. Smith:

The purpose of this letter is to request a 504 Accommodation Plan for my child: First Name, Last Name, DOB, grade, Teacher.

Based on recent (ADHD, anxiety, etc) diagnosis, it is apparent that my child would be eligible for a 504 Accomodation plan as this disability limits one or more major life activities (e.g., concentrating, focusing, thinking, sitting still) within the school setting.

I am happy to review the accommodations that he will need within the classroom, teacher observation and parent observation. Please contact me so that we may schedule a 504 Accommodation Plan meeting promptly. I can be reached at 555-555-5555

I look forward to speaking with you soon.

Sincerely,

Concerned Parent