Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To whom it may concern:

This letter is in support of the 504 plan for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

student name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has a urological condition that is managed with a daily timed voiding regimen. We look forward to teaming up with you based on the following recommendations from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s medical team at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. They have suggested a number of accommodations for the school team to consider and discuss at an upcoming 504 meeting.

student name

student name

Name of Clinic or Hospital

These areas include:

1. Schedule, reminders, and permission to use the bathroom every \_\_\_hour(s) and additional times as needed.
2. The ability to leave class early or arrive late without being penalized, counted as tardy or absent.
3. The option to use a private bathroom and a place to store supplies.
4. Time spent in the bathroom may be longer than a typical student due to the medical regimen.
5. Potential additional academic support should they miss critical learning activities due to surgeries and regular follow up with medical team.
6. Access to school-based counseling and guidelines for confidentiality.
7. Permission to have a water bottle at all times, given the importance of adequate hydration.
8. Collaboration with after-school programs and accommodations associated with field trips.
9. Contingency plans in the event of staff absence such as carrying a copy of this letter during the school day.

Given that there can be glitches in even the most carefully crafted plan, perhaps a ‘point person’ can help to minimize any challenges which may impact our child’s positive school experience. We look forward to working with you to create an optimal method of parent-school communication.

If you have any questions or concerns, please do not hesitate to contact me. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent phone and/or email

Best Regards,