

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Principal's Name]
[School Name]
[School Address]

Re: Return to School and Wheelchair Accommodations for [Student's Name]

Dear [Principal's Name],

I am writing to notify you that [Student's Name] will be returning to school on [Date]. Due to [brief reason, e.g., a recent surgery/injury], [Student's Name] will be using a wheelchair for mobility.

To ensure a safe and successful return to the classroom, we request the following accommodations be in place:

- Accessible entry and exit points to the school building.
- Use of the school elevator for access to different floors.
- Preferred seating in classrooms to accommodate the wheelchair.
- Extended time for transitions between classes to avoid crowded hallways.
- Assistance with carrying books or a tray in the cafeteria, if needed.
- Access to an ADA-compliant restroom.
- An updated emergency evacuation plan specific to wheelchair use.

Attached you will find a medical note from [Doctor's Name] outlining the expected duration of wheelchair use and any specific physical restrictions.

We would like to request a brief meeting or phone call before [Date] to discuss these needs and ensure the staff is informed. Please let us know a time that works best for you.

Thank you for your support in making this transition smooth for [Student's Name].

Sincerely,

[Your Signature]
[Your Printed Name]