

To: [Teacher/Professor Name]
From: [Student Name / Parent Name]
Date: [Date]
Subject: Classroom Seating and Mobility Aid Adjustment Request

Dear [Teacher/Professor Name],

I am writing to formally request a classroom seating adjustment and accommodation for a mobility aid for [Student Name] in your [Class Name/Subject] course.

Due to [specific mobility aid, e.g., a wheelchair, crutches, or walker], the following accommodations are requested to ensure full access to the learning environment:

- **Accessible Seating:** A desk or workspace that is height-accessible and located near the [entrance/front of the room] for ease of entry and exit.
- **Aisle Clearance:** Ensuring that aisles remain clear of bags and furniture to allow for safe movement of the mobility aid.
- **Storage:** A designated safe space within the classroom to store [mobility aid] when it is not in active use.
- **Power Access:** [If applicable] Proximity to a power outlet for charging a motorized mobility device.

These adjustments are necessary to comply with the student's [IEP / 504 Plan / Medical Documentation] and to ensure an equitable learning experience. We are happy to meet briefly to discuss the most effective layout for the classroom.

Thank you for your cooperation and commitment to an accessible classroom.

Sincerely,

[Your Signature]
[Your Phone Number]
[Your Email Address]