

Date: [Date]

To: [Principal Name / Special Education Coordinator]
[Name of New School]
[School Address]

Subject: Transition Requirements for [Student Name] - Permanent Wheelchair User

Dear [Recipient Name],

This letter is to formally notify you that [Student Name] will be transitioning to [Name of New School] starting [Start Date]. [Student Name] is a permanent wheelchair user, and we would like to begin the coordination process to ensure a safe and accessible learning environment.

To facilitate a smooth transition, we request a meeting to discuss the following requirements:

- **Physical Accessibility:** Access to ramps, elevators, power-operated doors, and height-adjustable desks in all classrooms.
- **Restroom Facilities:** Confirmation of ADA-compliant restrooms equipped with necessary grab bars and sufficient turning space.
- **Transportation:** Coordination of wheelchair-accessible busing and designated loading/unloading zones.
- **Emergency Protocols:** Development of a specific evacuation plan for a wheelchair user, including designated "Areas of Refuge."
- **Classroom Placement:** Ensuring the student's schedule allows for adequate travel time between classes and accessible seating locations.

Attached you will find [Student Name]'s current IEP/504 Plan and recent Occupational/Physical Therapy reports which outline specific equipment and mobility needs.

We would like to schedule a building walkthrough and a transition meeting prior to the start of the school year. Please let us know your availability during the week of [Date].

Thank you for your commitment to providing an inclusive environment for [Student Name].

Sincerely,

[Your Name]
[Your Relationship to Student]
[Your Phone Number]
[Your Email Address]