

[Date]

[Principal Name]

[School Name]

[School Address]

**RE: Return to School for [Student Name]**

To Whom It May Concern,

Please be advised that [Student Name] is under my professional care for mental health treatment. They have been on a medical leave of absence since [Start Date] and are cleared to return to school on [Return Date].

To support a successful transition, I recommend the following accommodations:

- [Accommodation 1, e.g., Reduced course load]
- [Accommodation 2, e.g., Access to a quiet space/counselor]
- [Accommodation 3, e.g., Extended deadlines for missed work]

A formal meeting to discuss the reintegration plan and potential 504 or IEP adjustments is requested. [Student Name] will continue to attend outpatient appointments on [Days/Times].

If you have any questions, please contact my office at [Phone Number].

Sincerely,

[Provider Signature]

[Provider Name, Credentials]

[Clinic Name]