

[Parent/Guardian Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

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

Re: Graduated Return to School Plan for [Student Name] (Grade: [Grade])

Dear [Principal's Name/Teacher's Name],

I am writing to provide an update regarding [Student Name]'s health status following their medical absence which began on [Date]. [Student Name] has been cleared by their medical provider to begin a graduated, phased return to school starting on [Start Date].

Based on medical recommendations, we propose the following phased schedule to ensure a successful transition:

Phase 1: [Dates/Duration]

[Student Name] will attend school for [Number] hours per day, focusing on core subjects only. They will depart at [Time] daily.

Phase 2: [Dates/Duration]

[Student Name] will attend school for half-days, including lunch and social periods, departing at [Time].

Phase 3: [Dates/Duration]

Full-day attendance with the following modifications: [e.g., restricted PE, scheduled rest breaks, or reduced homework load].

Full Return: [Estimated Date]

Anticipated return to a full schedule without restrictions.

During this transition, [Student Name] may require the following accommodations:

- [Requirement 1]
- [Requirement 2]

I have attached the medical documentation supporting this plan. We would like to request a brief meeting or call with the [School Nurse/Guidance Counselor] to discuss how to manage missed assignments and any necessary support during the first week.

Thank you for your cooperation and for supporting [Student Name]'s return to the classroom.

Sincerely,

[Parent/Guardian Signature]

[Printed Name]