

**Date:** [Date]

**To:** [School Name / School Administrator Name]

**From:** [Physician/Provider Name and Title]

**Subject:** Clinical Recommendation for Phased Return to School

**Student Name:** [Student Full Name]

**Date of Birth:** [Student Date of Birth]

To Whom It May Concern,

[Student Name] is currently under my clinical care for a medical condition. Based on my recent evaluation, I am recommending a phased return to school to ensure a safe and sustainable transition back to the academic environment.

I recommend the following graduated schedule starting on [Start Date]:

- **Phase 1 ([Start Date] to [End Date]):** [e.g., Attend school for 2 hours per day, morning sessions only].
- **Phase 2 ([Start Date] to [End Date]):** [e.g., Attend school for half-days, including lunch].
- **Phase 3 ([Start Date] to [End Date]):** [e.g., Full-day attendance with access to a quiet rest area as needed].
- **Full Return:** Anticipated on [Target Date], pending clinical review.

During this phased return, please implement the following clinical accommodations:

- [Accommodation 1: e.g., Reduced homework load and extended deadlines]
- [Accommodation 2: e.g., Frequent breaks (5-10 minutes) during class]
- [Accommodation 3: e.g., Exemption from physical education/sports]
- [Accommodation 4: e.g., Permission to wear tinted glasses or noise-canceling headphones]

I will re-evaluate [Student Name] on [Follow-up Appointment Date] to determine if adjustments to this plan are necessary. If you have questions regarding these medical recommendations, please contact my office at [Phone Number].

Sincerely,

[Signature/Name of Medical Professional]

[License Number/Practice Name]

[Contact Email]