

[Date]

[Parent/Guardian Name]

[Address]

[City, State, Zip Code]

Re: Modified School Schedule for [Student Name]

Dear [Parent/Guardian Name],

We are pleased to welcome [Student Name] back to [School Name] on [Start Date]. Based on our recent discussions regarding [Student Name]'s transition back to the classroom, we have developed a modified schedule to support their successful return.

Effective from [Start Date] to [End Date/Review Date], the student's schedule will be as follows:

- **Arrival Time:** [Time]
- **Departure Time:** [Time]
- **Days per Week:** [Specific Days or "Monday through Friday"]
- **Location/Classroom:** [Room Number or Specific Area]

During this period, the focus will be on [briefly mention goal, e.g., academic reintegration or stamina building]. We will meet on [Meeting Date] to review [Student Name]'s progress and determine if the schedule should be adjusted or if a return to full-time hours is appropriate.

If you have any questions or concerns, please contact [Point of Contact Name] at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Name of Principal/Counselor]

[School Name]