

[Date]

[Name of School Principal/Administrator]

[Name of School]

[School Address]

**RE: Medical Accommodation for Transition to Full-Day Schooling**

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

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

To whom it may concern,

I am writing as the healthcare provider for [Student Name]. Due to [Student Name]'s medical condition, [Specific Diagnosis, if appropriate to share], it is medically necessary to implement a phased transition as they move to a full-day school schedule.

At this time, [Student Name] has limitations regarding [mention specific limitations, e.g., stamina, sensory processing, or medication side effects]. To ensure their health and academic success, I recommend the following accommodations:

- **Gradual Schedule Increase:** [e.g., Attend half-days for the first two weeks before moving to full days].
- **Rest Periods:** [e.g., Scheduled 15-minute breaks in a quiet area every two hours].
- **Activity Modification:** [e.g., Reduced physical exertion during PE or outdoor recess].
- **Monitoring:** [e.g., Frequent checks by the school nurse for fatigue or specific symptoms].

I expect these accommodations to be necessary until [Date or Milestone]. We will re-evaluate [Student Name]'s progress at that time to determine if further adjustments are required.

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

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Medical License Number]

[Clinic/Hospital Name]