Date: [Date]

To: [School Name / Principal Name / Teacher Name]

From: [Parent/Guardian Name or Physician Name]

Subject: Temporary Vision Accommodations for [Student Name]

Dear [School Representative Name],

This letter is to inform you that [Student Name] is currently experiencing temporary vision impairment due to [reason, e.g., recent surgery, eye injury, medical treatment]. As a result, they require specific accommodations to participate in school activities effectively from [Start Date] until [Estimated End Date].

To support [Student Name]'s learning during this recovery period, please implement the following temporary accommodations:

- **Seating:** Preferred seating at the front of the classroom to ensure clear view of the board.
- **Materials:** Provide large-print versions of worksheets, handouts, and exams.
- **Technology:** Permission to use a tablet or laptop to zoom in on digital materials.
- **Lighting:** [Reduction of overhead glare / Permission to wear tinted lenses or sunglasses indoors].
- **Workload:** Extended time on tests and assignments to reduce eye strain.
- **Breaks:** Frequent "eye rests" (5-10 minutes) during prolonged reading or computer use.
- **Physical Activity:** [Restriction from PE or contact sports / No restrictions].

We expect these needs to be temporary. I will provide an update following the follow-up appointment on [Date].

If you have any questions regarding these requirements, please contact [Parent/Guardian Name] at [Phone Number/Email].

Thank you for your cooperation in supporting [Student Name]'s education and health.

Sincerely,

[Signature]
[Printed Name]
[Title/Relationship to Student]