Date: [Insert Date]

To: [Teacher/Professor Name]
From: [Parent Name or Student Name]
Subject: Classroom Accommodations for [Student Name]

Dear [Teacher/Professor Name],

I am writing to inform you that [Student Name] is currently experiencing short-term hearing loss due to [temporary medical condition, e.g., an ear infection/fluid/recovery from surgery]. This condition is expected to last until approximately [Insert End Date].

To ensure [Student Name] continues to succeed academically during this time, we request the following temporary classroom accommodations:

- Preferential seating near the front of the classroom or closest to the primary speaker.
- Clear line of sight to the teacher to allow for lip-reading and visual cues.
- Reduction of background noise when providing verbal instructions.
- Written summaries of important announcements, assignments, or deadline changes.
- Verification that verbal instructions have been understood before beginning tasks.

We have attached a medical note from [Doctor's Name] confirming this temporary condition. We will keep you updated on any changes regarding [Student Name]'s hearing status.

Thank you for your support and cooperation in assisting [Student Name] during this period.

Sincerely,

[Your Signature]
[Your Phone Number]
[Your Email Address]