[Parent/Guardian Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email]

[Date]

[Principal Name] or [Special Education Coordinator Name]
[School Name]
[School Address]

RE: Hearing Device Accommodations for [Student Name]

Dear [Recipient Name],

I am writing to formally notify you that my child, [Student Name], who is enrolled in [Grade Level/Class], uses hearing technology to access the curriculum and communicate effectively. As the new school year begins, I would like to ensure that the necessary accommodations are in place.

[Student Name] uses the following equipment:

- [Type of device: e.g., Hearing Aids / Cochlear Implants / Bone Anchored Hearing Aid]
- [Type of assistive technology: e.g., FM System / DM System / Remote Microphone]

To support [Student Name]'s academic success, the following accommodations are requested:

- Teachers and staff should wear the remote microphone/transmitter during all instructional periods.
- Preferential seating near the primary speaker or sound source.
- Reduction of background noise where possible.
- Use of closed captioning for all video materials shown in class.
- Verification that the device is functioning at the start of each school day.

Please let me know when we can meet to discuss these needs or if you require updated documentation from our audiologist. We would also like to schedule a brief time for [Student Name] or myself to demonstrate the equipment to the classroom teachers.

Thank you for your commitment to providing an accessible learning environment.

Sincerely,

[Parent/Guardian Signature]

[Printed Parent/Guardian Name]