

[Date]

[Instructor Name]

[Department Name]

[Educational Institution]

RE: Academic Accommodations for [Student Name], [Student ID Number]

Dear [Instructor Name],

This letter serves to formally notify you that [Student Name] is a student with a documented disability, specifically Attention Deficit Hyperactivity Disorder (ADHD). Under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act, this student is eligible for reasonable academic accommodations to ensure equal access to the educational environment.

Based on the student's clinical documentation, the following accommodations have been approved for the current semester:

- **Testing Accommodations:** [e.g., 50% extended time (1.5x) on all exams and quizzes.]
- **Testing Environment:** [e.g., Distraction-reduced testing environment.]
- **Note-Taking Support:** [e.g., Access to instructor powerpoints, permission to record lectures, or use of a peer note-taker.]
- **Assignment Flexibility:** [e.g., Brief extensions on out-of-class assignments when requested in advance.]
- **Classroom Seating:** [e.g., Preferential seating near the front of the classroom or away from doors/windows.]

The student is responsible for communicating with you regarding the specific implementation of these accommodations, particularly regarding exam scheduling. Please note that information regarding a student's disability is confidential and should be treated as such.

If you have any questions regarding these accommodations or how they apply to your specific course requirements, please contact the Office of Disability Services.

Sincerely,

[Name of Disability Coordinator/Counselor]

[Title]

[Office of Disability Services]

[Contact Information]