

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Recipient Name]
[Recipient Title]
[Organization/School Name]
[Organization Address]

Subject: Request for Accommodation - Written Instructions for Auditory Processing Disorder (APD)

Dear [Recipient Name],

I am writing to formally request a functional accommodation regarding my Auditory Processing Disorder (APD). This condition affects my brain's ability to process and interpret spoken information accurately, particularly in environments with background noise or when information is delivered quickly.

To ensure that I can perform my duties effectively and capture all necessary information, I am requesting that all verbal instructions, assignments, and meeting action items be provided in a written format. This includes, but is not limited to:

- Follow-up emails summarizing verbal directions.
- Written outlines or agendas prior to meetings.
- Project specifications and deadlines delivered via text or document.
- Captioning or transcripts for video-based training.

This accommodation will allow me to reference information accurately and minimize the risk of misunderstandings caused by my auditory processing challenges. I am happy to discuss how we can best implement this process to ensure a smooth workflow.

Please let me know if you require any additional documentation from my healthcare provider. Thank you for your time and for supporting an inclusive environment.

Sincerely,

[Your Signature]

[Your Printed Name]