

Request for 504 Plan Letter

Date

Name of Principal

Name of School

Street Address

City, State, and ZIP Code

Dear _____:
Name of Principal

I am writing to request a 504 Plan for my child,_____. My child goes to your school. I want to meet about what my child needs in the plan.

My child has the following diagnoses or conditions or disorders that are impacting them in school:

I am including a record from my child's doctor with this letter.

This letter is my consent for you to evaluate my child with any and all testing that is needed. I look forward to meeting together and working together to help my child in school. Please contact me with any questions.

Sincerely,

Your Signature

Your Phone number

Your Printed Name

Your Email address or Mailing address