

[Name of Principal or Special Educator]  
[School Address]

[Date]

Dear [Name of Principal or Special Educator],

[Patient Name] is a pediatric patient in my medical practice. [His/Her] parents have expressed concerns with [his/her] academic growth. We discussed these concerns at a recent appointment on [date] and I agree with their concerns.

I have completed a medical evaluation of [patient name]. At this time, I:

- ☐ know of no medical concerns that could impact [his/her] learning.
- ☐ Have confirmed that this patient meets diagnostic criteria in the following areas:
  - 
  -
- ☐ Am in the process of evaluation and treatment of the following additional concerns:
  - 
  -

I suggested to the family that they should request information about the school's protocol for:

- ☐ Consideration of increased intensity of educational supports
- ☐ Consideration of a Section 504 plan for \_\_\_\_\_
- ☐ Referral for consideration of a comprehensive evaluation of [his/her] need for special education.

I am interested in the results of any school evaluations that have been completed. Please let me know of any questions I may be able to answer and additional information that can support my medical care of [Patient Name].

Sincerely,