

(Put the name of the child here.) Accommodation Letter:

Date: (Here)

From: (Put the name of the parent or guardians here.)

To: (Put the name of the school AND district here.)

Re: Classroom Accommodations for Fall 2021

THIS INFORMATION IS CONFIDENTIAL

(Put the name of the child OR parent OR guardian here) has a documented disability and is clinically extremely vulnerable, and if they are infected with the virus that causes COVID-19 it can worsen with physical or mental activity. (Put the name of the child OR parent OR guardian here) is to receive reasonable accommodations according to the Americans with Disabilities Act, 1990 and the Rehabilitation Act, 1973. (Put the name of the parent OR guardian here) request the following academic accommodations:

- An Alternate Site for All CLASSROOM INSTRUCTION.

I am available to discuss the accommodations listed above with you. After the necessary accommodations have been made, (Put the name of the child here.), should be graded according to the same standards used for other (Put the name of the school here), students. Please address any questions to, (Put the name and phone number of the parent OR guardian here.)

Thank you for helping to make (the name of the school) an accessible and equitable place to obtain an education.

(Parent or guardian) Print: \_\_\_\_\_

Signature: \_\_\_\_\_