

SCHOOL & WORK TEMPLATES

# 504 Accommodation Request Letter

Template for requesting school accommodations under Section 504 of the Rehabilitation Act. Customize fields marked in [brackets] before sending.

**Before you send:** Attach a letter from your child's physician documenting the diagnosis and specific functional limitations. The more specific the medical letter, the stronger your request.

[Today's Date]

[Principal's Name] [School Name] [School Address] [City, State, ZIP]

**RE: Request for Section 504 Evaluation and Accommodations for [Student's Full Name], Grade [X]**

Dear [Principal's Name or "Section 504 Coordinator"],

I am writing to formally request a Section 504 evaluation for my child, [Student's Full Name], a [grade] grade student at [School Name].

[Student's Name] has been diagnosed with Lyme disease by [Physician's Name, MD], [Physician's Practice Name]. As a result of this diagnosis, [he/she/they] experiences the following functional limitations that substantially impact major life activities including learning, concentrating, and physical functioning:

- [Significant fatigue that varies day to day and affects sustained attention]
- [Joint pain that makes extended writing or physical activity difficult]
- [Cognitive difficulties including brain fog and word-finding challenges]
- [Frequent medical appointments requiring scheduled absences]
- [Other: describe specific functional impact]

We are requesting the following accommodations:

- Extended time (time-and-a-half) on all tests and quizzes
- Flexible deadlines for assignments during acute illness periods
- Permission to take scheduled rest breaks during the school day
- Access to notes or recorded instruction on high-symptom days
- Reduced homework load during flares (to be communicated in advance)
- Preferential seating away from windows/bright light
- Permission to keep water and medication at their desk

■ Homebound instruction during extended illness-related absences

I have enclosed a letter from [Student's Name]'s physician documenting the diagnosis and recommending these accommodations. I am requesting a meeting at your earliest convenience to discuss an evaluation and develop a 504 plan.

Please confirm receipt of this letter and advise on next steps. I can be reached at [Your Phone Number] or [Your Email].

Sincerely,

[Your Full Name] [Your Relationship to Student] [Phone Number] [Email Address]

---

Keep a copy of this letter and note the date sent. If you don't hear back within 10 business days, follow up in writing.  
Learn more at [projectlyme.org/support/school-and-work/](https://projectlyme.org/support/school-and-work/)