

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

[Date]

Dear [Name of Principal or Special Educator],

[Patient Name] is a pediatric patient in my primary care 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.
- Am in the process of evaluation and treatment of the following concerns. I feel the recommendations below are appropriate at this time.
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At this point, I recommend:

- Increased intensity of academic supports
- Consideration of a Section 504 plan for _____
- Referral for 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,