

## SAMPLE LETTER FROM DOCTOR REQUESTING ACCOMMODATIONS

Date:

Dear [School Principal, Teacher, Special Education Director, Counselor],

This letter is in regard to one of our patients, [Student's Name]. [Student's Name] is a [age]-year-old with [type] juvenile idiopathic arthritis (JIA). JIA is a chronic autoimmune disease that is characterized by pain, stiffness, swelling, limited range of motion, fatigue and other symptoms. It also can cause joint damage. The symptoms of the disease may come and go from day to day or even throughout the course of the day. Typically, the symptoms are worse after periods of inactivity, such as after sitting or first thing in the morning after sleeping through the night. Many children with JIA are prone to intermittent flares of the disease, but it is impossible to predict when these may occur.

[Student's Name] has arthritis in [list affected joints].

We strongly encourage our patients to attend school on a regular basis. But it's important for you to know that JIA can interfere with the ability to perform some academic tasks or functions at school. Some students may need to have an IEP or 504 plan to address need accommodations. The following modifications have proven to be helpful for students with JIA, depending on the joints involved:

- Two sets of books (one for home and one for school)
- Limited writing assignments (especially when the arthritis is flaring), assigned note taker or obtaining notes from the teacher
- Permission to record lectures instead of writing notes
- Permission to use a computer for assignments/homework
- Extra time to complete timed tests
- Late arrival or early dismissal
- Use of school elevator (will need an elevator key or pass)
- Reduced need to walk long distances or climb stairs
- Classes located close together
- Occupational and physical therapy intervention at school

An area of special concern is physical education class. We encourage patients with JIA to be as physically active as possible. However, it may be difficult for [Student's name] to participate in activities that place stress on the joints affected by arthritis. We hope you are able to help [Student's name] remain an active member of the class by modifying his/her movements or providing a safe, alternative activity, such as acting as a timer or referee.

If you have any questions, please feel free to contact us. By working together, I know we can support [Student's Name] in having a positive learning experience.

Sincerely,

[Medical Professional's Name and Title]