

## SAMPLE LETTER OF SUPPORT

**Date**

**School Principal's Name**

**School Name**

**Address**

**RE: Student's name**

Dear **Principal's Name**:

I am writing this letter in support of **(Parent's name)**, mother/father of **(Student's name and DOB)**, request for an educational evaluation. **(Parent's name)** has signed a Release of Information for exchange of information between my office and **(School's name)**.

**(Student's name)** was seen at the **(Name of clinic)** on **(Date)** for evaluation and management of **(symptoms/concerns i.e. inattention, difficulty concentrating and focusing, hyperactivity and poor academic performance)**. Based on my evaluation, **(Student's name)** meets criteria for the diagnosis of **(diagnosis i.e. Attention Deficit Hyperactivity Disorder – Combined Type)**. His/her symptoms include **(inattention, hyperactivity, impulsivity, being easily distracted, decreased concentration and focus, difficulty completing tasks, forgetfulness, being disorganized, requiring frequent redirection, and taking an extended amount of time to complete homework)**. **(Student's name)** current treatment plan includes **(list medication and other treatments, i.e. Adderall XR 5 mg daily, weekly family therapy)** to help minimize symptoms associated with his/her diagnosis of **(diagnosis i.e. ADHD-CT)**.

**(Student's name)** symptoms put him/her at increased risk for academic decline as well as poor peer/social interactions. Given **(Student's name)** difficulties in the academic setting, he/she would benefit from an assessment and psychological evaluation to determine appropriate educational services and interventions to promote his/her academic and developmental success in the classroom setting. Such services/accommodations include, but are not limited to **(list recommendations i.e. preferred seating near the teacher, pairing written instruction with oral, frequent repetition of new information or concepts to help him/her learn material successfully, providing visual cueing/scheduling and prompts to refocus, note taking assistance, provide (Student's name) with an assignment book and supervise writing down of assignments, modified homework load, allowing extra time to complete assigned work/exams, let (Student's name) run occasional errands for the teacher, and sending daily/weekly progress reports home)**.

Thank you in advance for your assistance in promoting **(Student's name)** academic success. Please feel free to contact me if you require any additional information. I can be reached via phone at **(phone number)**.

Sincerely,

*Doctor's Name, MD*

Title

Address