Parent names

Address

Mo/date/year

Principal

School

Address

Dear xxxxx

We are the parents of xxxxx who is a student at xxxx and is in xxxx grade. xxxx has Type 1 Diabetes (T1D); it directly impacts his entire school day including his educational performance and needs.

We are requesting a meeting to evaluate, write, and implement a 504 plan to address his needs and accommodations. A student with T1D requires accommodations that include (but not limited to) alternative testing times if blood sugar is out of target range, unlimited water and bathroom usage, carrying of his diabetes medical supplies including glucagon kit, blood sugar checking and treating in classroom, and most importantly T1D training of school staff and school transportation staff who are in a supervisory positon of xxxxx.

To address our concerns we are requesting that a meeting be convened as soon as possible to discuss the above accommodations that are necessary for my child.

Please advise me no later than mo/day/yr when this meeting will take place, and who will be in attendance. I plan to attend the meeting along with my advocate. Please contact me to arrange a mutually convenient time and place.

Sincerely,

Parent

Cc: Endo Team xxxx

 Denise G. Pentescu, Sr. Outreach Manager; JDRF, Michigan