

(Your Name)  
(Address)  
(Phone)  
(E-mail)

(Date)  
(School Name)  
(School Address)  
Attn: (Name of 504 Coordinator) – 504 Coordinator

Re: (Name of T1 Student) – 504 Plan for Type 1 Diabetic Student

Dear (Name of 504 Coordinator),

My (son/daughter), (Name of child) was diagnosed with Type 1 Diabetes on (date of diagnosis). Attached you will find a letter from (his/her) doctor confirming this diagnosis. We currently have a (Individual Health Plan or Diabetes Medical Management Plan) on file with the clinic here at school. **With this letter, I am also formally requesting a 504 Plan to be put in place for my child to allow for accommodations for (his/her) Type 1 Diabetes.**

Type 1 Diabetes affects the endocrine system which is a “major bodily function” impacting major life activities. Caring for one’s self, performing manual tasks, walking, seeing, speaking, learning, concentrating, thinking and communicating are just a few of the major life activities affected by Type 1 Diabetes. Based on this criteria, Type 1 Diabetes is considered a disability according to the American with Disabilities Act and Section 504 of the Rehabilitation Act.

Type 1 Diabetes is an individualized chronic illness based on diagnosis date, treatment methods and a multitude of other factors. I am requesting a specific list of accommodations that I would like to see put in place for (Name of Child).

Please provide me with the required paperwork to initiate the 504 Plan implementation. For your records, I am providing the following in preparation for the development of the 504 plan.

1. Doctor’s Diagnosis
2. Doctor’s Orders for Medical Management at School
3. List of accommodations specific to (Child’s Name)
4. List of extracurricular activities specific to (Child’s Name)

I look forward to hearing from you by (allow 7 work days).

Best regards,  
Your Name

CC: (Name of principal, name of nurse, name of counselor – send a copy of letter)