

RE: SJRCH#		
Dear		
	is a patient at St. Jude Children's Research Hospital	
MEDICAL BACKGROUND		
Diagnosis:		
Treatment:		
Vision Impairment	_Yes _No	
Hearing Impairment	YesNo	
Gross/Fine Motor Impairment	YesNo	
Speech Impairment	YesNo	
Assistive Devices used:		
RECOMMENDATIONS		
Due to the diagnosis,	meets criteria to receive special e	ducation
services/accommodations under	the category "Other Health Impaired" as per IDEA	and Section
504. Services and/or accommod	lations are recommended as follows:	
Regular Classroom with acco	ommodations	
Resource Room for followin	g subjects:	
Self-Contained Classroom	Full-time aide Part-time aide	3
Abbreviated school day	Part-time school attendance/part-time home	bound

ACCOMODATIONS

Classroom Accommodations	Assignment Accommodations	
Preferential Seating	Assignment book	
Provide copies of material to be	Abbreviated assignments	
copied from book or board	Extended time	
Provide copies of notes	Study guide	
Tutoring	Extra grade opportunities (redo items	
Other:	missed, extra credit)	
Second set of books	Modify grade scale	
Use of elevator or let student	Other:	
out of each class a few	Adaptive P.E	
minutes early to navigate hallway		
Testing Accommodations		
Extended time	Modify test format	
	(word bank, multiple choice)	
Reading aloud/sign for internal instructions	Oral testing	
Reading aloud/sign for test items	Abbreviated concepts tested	
Use of calculator	Modify grading scale	
Talking or electronic device with Braille display	Other:	
Word processor w/ or w/o talk-text technology	Quiet area/room for taking tests	
Reads into auditory recorder and plays back		
If you have any questions regarding these recommendations, please contact		
Sincerely,		