

# Health Advocacy Communication for School

Hello (teachers/nurse/guidance counselor),

Our child, (child's full name), will be in your classroom or on your caseload this year. He/she is very excited to be going to (school name) and joins his/her sibling (sibling's first name, grade).

(Child's first name) is funny, has a (great smile and laugh, and is a kind and caring friend). He/she works hard and aims to be a good student. He/she is especially interested in (school subject/hobby/sport/etc).

Despite his/her awesomeness, (child's first name) has experienced quite a lot of challenges in his/her (age) years. He/she was born with (medical or developmental conditions; diagnosed disabilities; etc.). He/she has undergone (major surgeries or medical treatments) with (outcome; repair/palliative/ongoing treatments required). While there is no cure/limited knowledge of the future with this condition (or other appropriate statement), these treatments have put him/her in the best place for continued growth and development. His/her condition is monitored by (name of pediatrician, specialist, children's hospital, etc.) every (6 months, year, etc.). (Child's first name) takes (medication) on a (daily/hourly/weekly) basis at (home/school).

It is not uncommon for children born with this condition to also have significant challenges in development, social/emotional learning, and academic learning (or other appropriate statement which ties in diagnosed condition to learning challenges). (Child's first name) is no exception and he/she is also diagnosed with (learning disabilities, ADHD, Autism, other applicable diagnoses).

Because of these additional diagnoses, he/she struggles in situations where (words have multiple meanings, there are unspoken rules/expectations, there is a timed effort, etc.). (Child's first name) has completed evaluations in (speech and language, OT/PT, behavior, etc.) and those results are enclosed for your records.



At this time, based on evaluations, information from previous teachers, and our parenting experience, we are most concerned with:

- o (Struggles)
- o (Challenges)
- o (Worries)
- o (Stressors)

We provide this information not in an oversharing way, but in hopes it will help ensure we all support (child's first name) in whatever ways possible. Along with our (educational advocate, healthcare advocate, other family/support system members), we are proud to be a part of this school community and look forward to partnering with you this year.

Our contact information is below and we look forward to scheduling a meeting to discuss this school year's plan. We are available (mornings/afternoons) on (days of the week) in-person and (all day) (days of the week) virtually.

Thank you for the dedication you give to all the students at (school name)!

All our best,

(Parent Signature)

Parent Name  
Parent Address  
Parent Email  
Parent Cell Phone

(Parent Signature)

Parent Name  
Parent Address  
Parent Email  
Parent Cell Phone

