

Date:

To Whom It May Concern:

RE: Medical Status of _____ (DOB: / /)
as a child with disabilities

As this child's physician, I am writing this letter to affirm that this child has been diagnosed with autism spectrum disorder, a neurological disorder which very seriously limits his functioning in most of his daily living activities. He was diagnosed with autism at age two and the disability is life-long; therefore he meets state and federal criteria as a child with disabilities. He requires ongoing evaluation, intervention, and medical treatment. In addition to autism, he also has the following disabilities: hypotonia (low muscle tone--causes him to fatigue easily), gross motor delays, fine motor delays, and speech and language disorder.

For his well-being, this child requires disability accommodations. His primary disability of autism impairs his ability to communicate and understand spoken and nonverbal language; to interact with others; to engage in age-typical activities, including learning, self-help, and recreation; to regulate his behavior, especially when he encounters auditory and visual stimuli, or proximity to others (crowds, lines, etc.); and to walk with safety. He may engage in repetitive, stereotyped behaviors and/or speech, and may become distraught over changes in routine. This child requires a high degree of supervision. As a child with autism, he meets legal criteria (Virginia Code 46.2-1240) as a person with a mobility disability, and requires assistance with transportation in all settings. He also requires assistance with self-care, communication, learning, and recreation activities.

If you have any questions about this child's disability status, or about his need for accommodations, please do not hesitate to contact me.

Sincerely,

(doctor's stamp and signature)