

Doctors Name, Address, Phone Number

Date

Subject: Individual's Name

To Whom It May Concern,

I am the physician for John Doe (give full name and date of birth) for \_\_\_\_ years. Mr. Doe has been diagnosed with \_\_\_\_\_ (list disability). He was originally diagnosed with this disability when he was \_\_\_\_ years old (if available provide who provided original diagnosis).

Describe the Disability:

- Include the severity (mild, moderate, severe)
- The symptoms (nonverbal, difficulty with problem solving, physically impacted, difficulty with understanding social rules)
- How it impacts daily functioning (cannot communicate wants and needs, cannot take care of personal hygiene, does not make sound judgements, can be socially inappropriate, exhibit challenging behaviors)

Describe the Recommended Supports and/or Accommodations:

- Supports and Accommodations that will help individual be independent as possible (assistive technology to communicate, help securing a job, personal support to remain safe and healthy, medication management, etc.).

Other Issues Impacting Need for Support:

- Health issues of caregivers
- Other issues in home (other children/adults who need care)
- Working hours

For all of these reasons it is my opinion that due to his disability and other family issues, John Doe will require the support identified in this letter in order to maintain his health and live as independently and safely as possible. I am willing to provide further information if it would be helpful. You may contact me at \_\_\_\_\_ for any additional information you may require