



Date: _____

Regarding: School accommodations (504 plan) for migraine headaches

To Whom It May Concern:

_____ is a patient in the Neurology Clinic at Seattle Children's Hospital being treated for migraine headaches. We believe that keeping your student in school as much as possible with accommodations is the best way to help manage this condition and optimize student functioning.

The pain associated with migraine headaches is real and at times debilitating. There may be days when this student is not able to participate or function at an optimal level due to pain. This student requires accommodations to prevent falling behind in their schoolwork.

It is important that this student keep up with their schoolwork, and needs your support to do so. Each student and school situation is different. Some of the accommodations we recommend for this student are:

- The ability to work and take tests in a quiet environment
- A syllabus or homework packets so the student can complete missed assignments
- An arrangement to store books in various places to avoid having to carry a heavy backpack from school to home or from class to class
- Providing a process for getting notes and assignments for missed classes
- Shorter or modified homework assignments during periods of migraine headaches
- Extra time to make up assignments without penalty
- Time to make up missed exams without penalty
- Excused absences for severe migraine headaches
- Access to a quiet, dark place to lie down, rest or sleep in school to try to recover from a migraine headache without going home
- Ability to leave noisy or bright environments without penalty

- Permission to carry a water bottle during class
- Access to the restroom whenever needed
- Permission to pursue activities in PE that do not trigger headaches if strenuous physical activity makes them worse
- Access to a quiet place to eat lunch with a companion if the general cafeteria environment is a headache trigger
- Other: _____

Overall, it is our goal to help decrease the severity and frequency of headaches while helping your student and their family manage this medical condition. Thank you for your partnership to support this student. Please contact me with questions.

Sincerely,

_____ Date and time: _____

Signature

Printed Name and Title