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## SAMPLE LETTER [NOT A TEMPLATE] REQUEST FOR SCHOOL ACCOMMODATIONS

[Date]

Re: [Patient Name] DOB: [Date of Birth]

To whom it may concern:

[Patient Name] has been under my care for the past [#] years. He/she has convergence insufficiency, a type of eye-muscle imbalance that makes it difficult for him/her to sustain binocular alignment on a near target for extended periods of time. This is an “eye teaming” disorder in which one eye has a tendency to drift outward relative to the other. Unfortunately, this is not something that can be corrected simply with glasses. [Patient Name]'s findings were confirmed on a Stereo-Optical test, which measured him/her outward eye drift to be 14 prism-diopters. The average amount of eye drift is 4 to 6 prism-diopters, which means that [Patient Name] must exert 3 to 4 times more effort than average to keep him/her eyes in alignment when looking at a near object, such as when reading.

When [Patient Name]'s eyes go into misalignment, he/she may experience variable periods of blurry and double vision; frequent loss of place while reading; and eyestrain or headaches. Therefore, I strongly recommend that [Patient Name] be accommodated through enlarged print (at least 14 point size) and extra time on tests (twice the normal time frame). The enlarged print will act as a buffer against variable periods of blurry and double vision, and extra time on tests will allow him/her to take visual breaks or pace him/herself when he/she loses him/her place or experiences eyestrain while reading or test taking. I also recommend that [Patient Name] receive preferential seating as close to the board as possible, which will puts less strain on him/her eye alignment adjustments when switching between activating convergences demands for near and releasing that effort to look at the board.

Although convergence insufficiency is not a learning disability per se, it is a condition that impacts learning and as therefore been used to grant accommodations in the past, frequently as a designation of “otherwise health impaired.” These accommodations will assist [Patient Name] significantly with him/her reading and learning by enabling him/her to cope with visual demands. If you have any questions or require additional information, please do not hesitate to contact my office accordingly.

Sincerely,

[Doctor Signature Information]