**Parents - We hope you will find this template letter a helpful way to communicate your child’s health and school needs with their teachers, school principal and other educators (school counsellor, admin staff, etc.). This letter has been written with middle/high school aged students in mind.**

**IMPORTANT: To edit/use this letter:**

1. **Select all contents of the letter and copy text.**
2. **Open a Word Document, Email or Google Docs and paste the text.**
3. **Fill in the letter to personalize and add modifications.**

[DATE]

Dear [SECRETARY/PRINCIPAL/SUPPORT WORKER/TEACHER],

I’m writing to give you some information about my child, [YOUR CHILD’S NAME], that I hope we can discuss to help make [his/her] school year a success.

[YOUR CHILD’S NAME] has Juvenile Idiopathic Arthritis (JIA), a painful, chronic autoimmune disease that affects every 3 in 1000 youth in Canada. [YOUR CHILD’S NAME] was first diagnosed with JIA at age [AGE] when we first noticed [initial symptoms, i.e. a slight limp, stiffness in the morning, difficulty walking, fever/rash, etc]. Since then, [YOUR CHILD’S NAME] has been seen regularly at [Hospital clinic] by a team of specialized doctors, nurses, therapists and other supports to treat and control [his/her] arthritis.

Here’s what we’ve learned along the way and what I hope will be very helpful for you to know as an important person in my child’s life:

* **JIA symptoms fluctuate** - day to day and even from morning to afternoon. Sometimes, you may not notice any difference between [YOUR CHILD’S NAME] and other students. Other times, especially during a “flare,” [YOUR CHILD’S NAME] may be experiencing some or all of the following symptoms: [LIST ALL SYMPTOMS (joint stiffness, pain, fatigue, etc) AND JOINTS AFFECTED].
* **JIA is treated with therapy and medication** -To keep arthritis from attacking [YOUR CHILD’S NAME] joints and eyes, [he/she] takes the following medications: [LIST ALL MEDICATION NAME(S) AND WHEN/HOW THEY TAKE THEM]. These medications have the following side effects, which may impact [YOUR CHILD’S NAME] behaviour and/or comfort at school: [LIST ALL SIDE EFFECTS].
* **JIA is not easy -** Sometimes,[YOUR CHILD’S NAME] may have extra challenges because of their arthritis that can impact their comfort, mood and concentration at school. The good news is there are a number of adjustments/accommodations we can work on together that can really help make [YOUR CHILD’S NAME] feel comfortable just like everyone else.

**Here are some small school accommodations to keep in mind. I’d love to set up a time to meet with you to talk about which accommodations might help** [YOUR CHILD’S NAME] **the most:**

1. Writing may cause pain or take a little bit longer. Provide extra time or allow iPad/laptop use instead.
2. Sometimes moving from place to place takes a little bit longer, so when possible allow for extra time to get ready or move from room to room, or during class breaks. Ie.
* Schedule all classes on one floor if possible or access to an elevator
* Centrally located locker with a suitable lock
* Electronic textbooks or access to an extra set to reduce weight of backpack
1. Sometimes physical activities and gym class are difficult. Allow self-pacing, and when possible, it helps to give [YOUR CHILD’S NAME] a buddy to do alternate activities with.
2. Sometimes [YOUR CHILD’S NAME] will be late to school or absent. [YOUR CHILD’S NAME] sometimes experience morning joint stiffness that can make getting ready for school in the morning difficult. Occasional doctors appointments also can sometimes get in the way of attendance. Thank you for understanding.

Lastly, if you notice any difference in movements, or any signs of embarrassment/ insecurities as a result of [YOUR CHILD’S NAME] being “different” from others, please let me know!

I’m so appreciative of you taking the time to help [YOUR CHILD’S NAME] overcome their JIA and get back to what’s important - being a kid! Thank you so much for your support and understanding. Please feel free to contact me if you have any questions.

Sincerely,

[YOUR NAME]

[YOUR PHONE NUMBER/EMAIL]