PRIVATE AND CONFIDENTIAL

**Insert your address**

**Telephone number**

**Email address**

**[Insert name and address of school]**

**[Insert date]**

**REASONABLE ADJUSTMENT REQUEST**

Dear **[name of the person you are writing to]**

**INSERT NAME OF CHILD OR YOUNG PERSON AND DOB**

I would like to make a request for all reasonable steps to be taken to alleviate the disadvantage my child is facing.

* **(Describe what has happened and the impact this has had on your child**
* **Give the facts of the case, being specific and clear**
* **Make particular reference to the substantial disadvantage you feel your child is experiencing]**

Under the Equality Act 2010, responsible bodies are under a duty to make reasonable adjustments for disabled persons.

The duty to make reasonable adjustments has the purpose of addressing a situation in which a disabled person is placed at a *substantial disadvantage,* in comparison with persons who are not disabled. Any adjustments made must be reasonable to do and can take 3 forms;

* A change to a provision, criterion or practice
* A change to a physical feature, and/or
* By providing an auxiliary aid.

I would like you to consider the following reasonable adjustments:

**[If possible offer as many different options as you can]**

I look forward to receiving your response in writing within 14 days from the receipt of this letter or in line with the company’s grievance procedure.

Yours faithfully

**[Insert name]**