**TEMPLATE LETTER FROM PROVIDER TO STANDARDIZED TESTING AGENCY**

 **REQUIRES CUSTOMIZATION**

**DATE**

To Whom It May Concern:

**NAME & DATE OF BIRTH** was diagnosed with type \_\_ diabetes on **DATE** at the age of **AGE** years old. Diabetes affects the endocrine system, which is a “major bodily function” impacting major life activities. In addition to endocrine function, caring for oneself, performing manual tasks, walking, seeing, speaking, learning, concentrating, thinking, and communicating are other examples of the major activities affected by diabetes. Based on these criteria, diabetes is a disability under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973.

Diabetes treatment is individualized based on a multitude of factors. **NAME** manages their diabetes with the **[NAME HERE]** hybrid closed loop insulin pump containing rapid acting insulin and a **[NAME HERE]** continuous glucose monitor (CGM). Close monitoring and treatment of high and low blood glucose and insulin doses are paramount to maintaining optimal glycemic control to reduce complications and enabling **NAME** to be well-positioned for optimal learning and academic success. If prompt treatment of blood glucose does not occur, **NAME** could experience life threatening complications such as seizures, unconsciousness or severe lethargy for low blood glucose, or diabetic ketoacidosis for prolonged high blood glucose. As such, below is a list of diabetes accommodations **NAME** requires in order to remain safe and healthy while completing the **[INSERT TYPE OF EXAM]**:

* **NAME** should be permitted to bring their phone/smart device into the exam room (on silent). The phone/smart device must remain within twenty feet of them at all times to allow for continuous data transmission of blood glucose to the Hybrid Closed Loop Insulin Pump Controller **[OR OTHER DEVICE]** which are required for insulin pump adjustments. Without CGM **[OR OTHER DEVICE]** blood glucose data transmission to the Hybrid Closed Loop Insulin Pump Controller via the CGM Phone App **[OR OTHER DEVICE]**, insulin delivery can be impacted which can have a negative impact on **NAME’S** health and ability to complete the exam. Exam administrator may hold the phone.
* **NAME** should be allowed access to their Hybrid Closed Loop Insulin Pump Controller **[OR OTHER DEVICE]** to check blood glucose and to administer insulin as needed to maintain glycemic control.
* **NAME** should be permitted access to food or drink at all times to treat a low blood glucose as needed.
* **NAME** should be permitted to receive an extended or extra breaks or clock stop at any time in the event that they must treat a high or low blood glucose.
* **NAME** should be allowed access to a glucometer and blood glucose monitoring supplies at all times to manually check blood glucose if the CGM **[OR OTHER DEVICE]** is malfunctioning, or if they need to confirm a blood glucose.

If requested, our office can provide documentation of **NAME’S** medical diagnosis and needs to safely manage their diabetes.

I appreciate your attention to this matter. Please contact our office at **OFFICE PHONE NUMBER** for additional questions or concerns.

Thank you,