

# SUPPORT LETTER FROM PEDIATRICIAN OR MENTAL HEALTH COUNSELOR

The following is recommended language for a pediatrician or other medical or mental health professional to provide to you to support your documentation on the challenges facing your child. This letter has been specifically drafted to raise attention to the concerns your child is facing using the legal standards that were discussed in Chapter 3 as the basis.

My patient (name of patient), who in the (grade) at (school) has been to see me for (number of times) in relation to concerns associated with (physical injury) (psychosomatic related illness) (other).

In questioning (name of patient) further, it appears likely that these medical concerns are associated with bullying behavior directed at him or her at school. Notably, it appears that these hurtful incidents include (identify kinds of hurtful acts). Further, these hurtful acts have been both persistent, that is (describe frequency) as well as pervasive (describe number of students involved).

[If appropriate include: Further, (describe any evidence of staff involvement in being hurtful, encouraging such hurtful acts).]

As a result of these incidents, (name of patient) is having (describe medical concerns), as well as reporting (emotional concerns as documented in discussion).

[If appropriate include: I have made a referral of (name of patient) to a mental health professional for additional screening for the presence of a trauma disorder associated with this bullying.]

Further, as a result of these hurtful acts, (name of patient) has (describe negative impact on learning and on school activities). The negative impact of these hurtful acts

on (name of patient) are clearly in accord with the research literature on the harmful impact of bullying on children and teens.

(Name of patient) and his/her parent/guardian have reported this/these incidents (describe how and describe result.

[If appropriate include: (Name of patient) has informed me that he/she is no longer telling his/her parent/guardian and/or school staff about all of the hurtful incidents, because reporting has (never been effective in resolving the situation/has only made things worse.)

[If appropriate include: (Name of patient) has informed me that (report insight on what staff who have witnessed such hurtful incidents, how staff have responded, and the result.]

[If appropriate include: I would note that (name of patient) is (identify protected class) and it appears that these hurtful acts are related to his/her protected class status under (Title IX--sex or gender-based, Title IV --race, national origin, including religion based on national origin, Chapter 504 of the Rehabilitation Act/Americans With Disabilities Act--based on disabilities.)

[Alternative: While (name of patient) does not identify as being a sexual minority, it appears that he/she is being harassed based on the perception he/she is. (Elaborate based on what patient has reported)]

[Alternative: (Name of patient) has a medical condition of obesity. As you might be aware, in June 2013, the American Medical Association labeled obesity as a disease. It appears from my perspective that (name of patient) is being harassed based on his/her medical disability.]

[If appropriate include: Further, it is my understanding that (name of patient) receives special education services and has an Individual Education Plan or a 504 plan. It is my understanding based on a Dear Colleague Letters issued by the U.S. Department of Education's Office for Special Education and Rehabilitation Services on August 20, 2013 and by the Office for Civil Rights on , that it is necessary to address the concerns

of a student on an IEP or 504 who is being bullied in the context of an IEP or 504 meeting and that it is not permissible to restrict this student's instruction and involvement in the mainstream educational environment as a manner of seeking to address such bullying. (Name of patient's) parent/guardian has informed me that an IEP or 504 meeting has not been held, nor has one been scheduled to address this concern.]

I am sure that you and (name of school) will be appropriately responsive to these concerns. I will be following up with (name of patient's) parent/guardian to determine progress in addressing these concerns. If there is any way I can be of further assistance, please do not hesitate to ask.