

## 504 plan request template

[anorexiafamily.com](http://anorexiafamily.com)

Dear [school name] Educators,

Earlier this year, we made the decision to pull [child's name] out of school for the remainder of the academic year due to her hospitalization and medical complications. While unexpected, this was an easy decision to make for us because her life literally depended on it. As a family, we relocated to San Diego for four months, which comprised the bulk of [child's name]'s hospitalization earlier this year.

As you know, [child's name] is recovering from Anorexia, with a secondary diagnosis of ARFID. Eating disorders are anxiety disorders that have a serious impact on physical health, cognition and psychological well being. EDs also have the highest mortality rate of any other mental disorder (after opioid overdose), and the risk of suicide is extremely high among ED sufferers.

Most of us have some kind of mental image associated with EDs. For many of us, it may be Karen Carpenter or some other excessively-thin celebrity; for others, it may be the image of any too-thin girl staring at the mirror worrying about being too fat. Many of us were also trained to think about these images within the context of emotional problems—troubled girls who “need to control things” and used ED and thin-ness as a desperate attempt to “be heard” in response to trauma, family dynamics, and other negative psychological factors. During [child's name]'s treatment, however, we learned that most of what we thought previously about eating disorders was, at best, only partially true; other pervasive misconceptions we held were just plain wrong.

What is not commonly known, for example, is that researchers now recognize that genetics and physiological factors (metabolism, specifically) appear to play a much more prominent role in ED—perhaps as much as 60% of the occurrence of any eating disorder. And, perhaps most surprisingly, it is entirely possible for a person within a so-called healthy weight range to be at a much higher physical and psychological risk than someone who is outside the range. Research suggests that the occurrence of Anorexia within a “normal” or “healthy-looking” body may be as high as 30% of all cases.

What we need educators to know is that for someone with an eating disorder, weight restoration and the physical appearance of a “healthy” body does not mean the eating disorder is no longer present. The best case scenario for recovery is 1-3 years, although some will suffer for much longer. The best outcomes happen when EDs are treated intensively and while the affected person is still young, which is why it is important for us to focus on her health over her academics. Although [child's name] may appear physically well, the psychological aspect of her recovery is still very much ongoing. Care must be taken to support her as she continues to transition back into school and social activities while still remaining fully engaged in her recovery.

[child's name] suffers from a social anxiety disorder, which is not uncommon for those diagnosed with ED. Her anxiety attacks increased dramatically in concert with her treatment for ED, which is also typical. Since then, however, such attacks are growing less frequent as she recovers. These attacks are not something she is physically capable of keeping under control. As parents, our goal is to manage her environmental stressors carefully while still allowing her to

experience the struggles, trials, and day-to-day adversity that help to build an active, resourceful, and robust mind. As educators, we need you to be aware that she is still at a very high risk of ED relapse. There may be times when her anxiety overwhelms her, and she will need to be excused from class and provided a quiet space to de-escalate.

Because [child's name] is a high achiever, she cares very much about grades and being seen as successful by her teachers. We are working hard to refocus that energy towards her recovery, and have had to make some adjustments to the so-called normal demands of her education. We need to be very clear here: [child's name] is still recovering. She is not being lazy or trying to find an “easy way out”, nor are we “wrapping her in cotton wool”. We fully appreciate that as educators you want your students to reach the highest level of achievement of which they are capable, and we appreciate that you recognise and encourage [child's name]’s academic abilities.

At the same time, we also need you to know that for a student like [child's name] this can come at a great cost. Even if you have not met her yet, you probably already know that at times she can put forth an almost obsessive amount of effort into her schoolwork. She is also a “pleaser”, so she highly values your opinions of her. Unfortunately, eating disorders have a tendency to use those traits to the detriment of a child’s own well being. Please be assured that as her parents, we are very active in making decisions that are in the best interest of balancing her academic pursuits while maintaining her physical and mental health. If you ever have any questions or concerns about her academic performance, please address them with us first before discussing them with [child's name].

[child's name]’s anxiety and ongoing physical recovery mean that there may be some days where she is feeling too overwhelmed or unwell to attend school. At this time we do not anticipate this happening with regularity, and it may not happen at all. If you have concerns about her ability to complete tasks or keep up with coursework, please contact us so we can come up with a reasonable plan.

Lastly, please be mindful not to address any comments or concerns about physical appearance or emotional regulation directly with [child's name]. Please speak directly with us, or notify the principal so that any issues can be addressed through direct communication with us rather than through [child's name].

Many thanks in advance for all of your attention and assistance.

Kindest regards,

[parent name]

[date]