

# Advocacy Letter for Workplace Accommodations

**[Your Name, Credentials]**

Genetic Counselor

[Institution/Clinic Name]

[Contact Information]

**Date:**

**To Whom It May Concern,**

I am writing on behalf of my patient, [Patient Name], who has a medical condition that may impact certain aspects of daily functioning in the workplace. With appropriate accommodations, [Patient Name] is fully capable of performing the essential responsibilities of their role and contributing meaningfully to their work environment.

[Patient Name] has demonstrated strong skills in [insert strengths—e.g., communication, organization, attention to detail, problem-solving], and remains highly motivated and engaged in their professional responsibilities. Their condition may, at times, affect [brief functional impact—e.g., stamina, sensory processing, mobility, or need for flexibility in scheduling].

To support [Patient Name] in performing at their highest potential, the following reasonable accommodations may be beneficial:

- Flexible scheduling or break times to support energy management
- Option for remote or hybrid work, if applicable
- Modifications to the physical workspace (e.g., ergonomic setup, reduced sensory stimuli)
- Clear, written instructions or task organization supports, if helpful

These accommodations are not expected to alter the essential functions of the role but rather to create an environment in which [Patient Name] can continue to thrive and contribute effectively.

I appreciate your consideration in supporting an inclusive workplace that recognizes and values diverse abilities. Please feel free to contact me if additional information would be helpful.

Sincerely,

**[Your Name], M.S., CGC**

Genetic Counselor