

(SCHOOL DISTRICT LETTERHEAD)

Date_____

Bureau of School Facilities
Connecticut State Department of Education
165 Capitol Avenue, Room 258
Hartford, CT 06106

Subject: Toilet Room Accessibility
Facility Name _____
State Project No. _____

The intent of this letter is to inform you of our school district's policy to provide toilet facilities that are accessible to persons with disabilities in the event that only a portion of the school is open for an activity. A sufficient portion of the building will be open so that children and adults will have unrestricted/unassisted access on each open floor to toilet facilities accessible to persons with disabilities, mounted at heights appropriate for their respective ages.

Sincerely,

Dr./Mr./Mrs. _____
Superintendent of Schools

cc: Local Board of Education