

Application for Differentiated Task Modulations

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Organization/Institution Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request differentiated task modulations for [specific subject or project] due to [specific reason for the request, such as diverse learning needs, special circumstances, etc.]. I believe that implementing these modifications will enhance my educational experience by [explain how differentiated tasks will help].

Enclosed with this letter, you will find [any supporting documentation, if applicable, such as assessments, recommendations, etc.]. I am confident that these adjustments will facilitate my progress and ensure that I am able to meet the required learning outcomes effectively.

I appreciate your consideration of my request and look forward to your positive response. Please feel free to contact me at [your phone number] or [your email] if you require any further information.

Thank you for your time and support.

Sincerely,

[Your Name]