

**MODIFICATION OF SERVICES**  
**Request for Consideration**

The Education & Disabilities Director is the point person for requested modifications of service.

**Name of Child:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

**Requesting Staff:**

- Education Manager: \_\_\_\_\_

- Integrated Education Manager: \_\_\_\_\_

- Other staff members supporting this child/family:  
\_\_\_\_\_

**Brief Summary of Child Needs:** (Behavioral/Learning/Health)

**Description of Current Services** (Days/hours/Site/Staff):

**Communication to Date with Parent:**

**Community Resources Involved to Date:** (Include referrals/external observations)

**Review Meeting Scheduled for:** \_\_\_\_\_

A copy of this form should be kept in the child's file, along with any other documentation relative to a Modification of Services.

Reviewed/updated 01/26/18

I:\Administration\Administration-Final Public Copy\Work Plan\Education\Modification of Services\Modification of Services Form

**Description of Modification of Services:**

**Approved by:** \_\_\_\_\_

**Approval date:** \_\_\_\_\_

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Reviewed/updated 01/26/18