Modification Request Form

Please complete this form and return to your School Leader if your child needs assistance and/or modifications in order to fully participate in this school's programs and services.

School Information – to be completed by School

School Name	School Leader
School Number	School Address

Student & Family Information – to be completed by Family

Child Information

Name	Preferred Name	Date of Birth
Gender	Pronouns	Grade/Program

Family Information

Parent/Guardian Name	Relationship to Child
Email Address	Phone Number
Parent/Guardian Name	Relationship to Child
Email Address	Phone Number

Requested Start Date for Child
Describe the reason for the requested modification and any limitation caused by it

Requested Modifications to Policies, Practices or Procedures	**Attachments** Please list and attach related documentation, if any. [1]
1. 2. 3. ❑ Check here if there are additional requests. Please use the Attachment Form.	1. 2. 3.

Parent/Guardian

_____   _____
Signature   Date

Parent/Guardian

_____   _____
Signature   Date

To be completed by School: Date Request Received_____ Name of Person who Received Request _____

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[1] Please note that you may redact any sensitive personal information contained therein, including information on family members (such as medical history or genetic information regarding siblings, parents or guardians) so long as that information is unrelated to the request for modification. If you wish to provide information found in an Individualized Family Service Plan ("IFSP") or Individualized Educational Plan ("IEP"), you may provide only the portions of the document that relate specifically to the modification(s) requested.

Modification Request Form - Attachment

School Number	Child Name

Requested Modifications to Policies, Practices or Procedures Please number your requests	Attachments Please list and attach related documentation, if any

To be completed by School:

_____

Date Request Received

_____

Name of Person who Received Request