

Modification Request Form

STUDENT NAME: _____ GRADE: _____ DATE OF BIRTH: _____

Would your child need assistance and/or modifications in order to fully participate in this school's programs and services?

Check one: ☐ **No** (Please skip the Request section below, and sign/date the bottom of this form)
☐ **Yes** (Complete the rest of this form, sign and submit the form with supporting documents, if any)

You may change your election on this form at any time, by providing written requests to Principal or Assistant Principal.

Request – to be completed by Family

If you responded Yes above, please describe any requests for modifications to our school's programs and services.

Describe the reason for each requested modification:

Requested Modifications to School Policies or Programs:

☐ Use a separate sheet of paper, if you need more space

Please provide any supporting documents to help the school understand the student's abilities, needs, and any current or pending support services for the student, including but not limited to:

- ☐ Documents from the student's health care providers
- ☐ Documents from a therapist or a public school district that evaluated the student
- ☐ Emergency Care Plan (e.g. Food Allergy/FARE/FPIES, Seizures, Diabetes, Asthma or any other emergencies)
- ☐ Others: _____

We only need information relevant to the requested modifications.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

To Be Completed by School

School Name		School Number		Principal	
Date Received		Person Received			