Appendix G: Request for Modified Schedule
To be completed by First Class Pre-K Site Director and submitted to the Region Director.

Please note that if a child has a current IEP (Individualized Education Program), please disregard this form and consult with the IEP team for any modification(s) to the child’s schedule.

Name of Class: ____________________________________________________ County: _________________________________
Coach: ___________________________________________________________ Monitor: _________________________________
Lead Teacher: _______________________________________________________ Email: ___________________________________________________________________
Site Director Submitting Request: _____________________________________________________________________________________
Contact Number: __________________________________________ Date Submitted: ____________________________

Do you have any other modified schedule? □ Yes □ No

Child’s Name: __________________________________________ Diagnosis (if applicable): ___________________________________________________________________

Is anyone from the local school system coming into your classroom to assist this child? □ Yes □ No
If yes, how often? ________________________________________________________________________________________________________

Has the child been referred for testing with results? □ Yes □ No

Is the child ineligible for services? □ Yes □ No

If the child does not have an IEP, have the parents agreed to a referral for special education testing? □ Yes □ No

Do you have your Coach’s support for this modified schedule? □ Yes □ No

Modified Schedule Request □ Approved □ Denied Date: ____________________________

Region Director verified child’s schedule: _____________________________________________________________________________________
Comments: ________________________________________________________________________________________________________________

Date modified schedule lifted: _____________________________________________________________________________________________

Please describe examples of how this child requires more time from both teachers than other children in the classroom. Be as detailed as possible. We rely on this information to support our decision:

1. Specific reason(s) a modified schedule is being requested.
2. Interventions already implemented to help the child benefit from the program.
3. Information including all documentation of written correspondence and meeting notes detailing ongoing involvement with parents/family, including the discussion regarding a special education referral.
4. Behavioral documentation and instructional observations of the child to support the modified schedule request.
5. Any additional documentation parents/family voluntarily provides, such as documentation of consultation with any other outside resources (ie: child’s pediatrician, counseling services, or local school system).
6. A written schedule including the length of the child’s proposed day, proposed daily schedule including times and the activities during this time period, and the justification for the proposed schedule.
7. A written plan describing how the child’s attendance will be increased over time to the typical 6.5 hour day.