

## Request to Modify Services

This form must be completed when the provider and parent have agreed to fund services not listed by the district on the IEP. This form must be signed by the parent/guardian and the provider official prior to submission to the scholarship office.

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
First Middle Last

**Provider Name** \_\_\_\_\_ **IRN#:** \_\_\_\_\_

**Service (select only one):** \_\_\_\_\_ **Area:** \_\_\_\_\_

**Amount of time:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

**PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:**

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**MEASURABLE ANNUAL GOAL:**

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**MEASURABLE OBJECTIVES OR BENCHMARKS:**

1.
2.
3.
4.

**Parent Name (please print):** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provider Official Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please upload this form to the online system and notify scholarship staff.**