Ohio | Department of Education

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:

MEASURABLE ANNUAL GOAL:

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.

Autism Scholarship: autismscholarship@education.ohio.gov