

**Autism and Jon Peterson Special Needs Scholarship Program
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 submitting to the scholarship office for approval.

STUDENT NAME:

DATE OF BIRTH:

PROVIDER NAME

IRN:

SERVICE (SELECT 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: _____

TO SUBMIT:

1. Upload the signed and completed form to the DOCS tab using the "Services or Goals Modification" link.
2. Email the scholarship office with the student name and app ID to request review/approval of the service(s).