

## REQUEST/JUSTIFICATION FOR CHANGE IN SERVICE

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School District: \_\_\_\_\_

Therapist Name and Agency: \_\_\_\_\_

Therapist's Email and Phone: \_\_\_\_\_

Service and Mandate: \_\_\_\_\_

Type of Request:

- Increase in service -
- Decrease in service -
- Change in location/duration of service
- Change in Goal:

From _____	To _____
From _____	To _____
From _____	To _____

Please explain why the current services are not appropriate to address IEP goals:

Describe the progress or lack of progress the child has made toward IEP goals:

***\*The CPSE Committee will make the final determination.***