

Request for Amendment Form

PIONEER CENTRAL SCHOOL

Committee on Special Education

P.O. Box 9

Arcade, NY 14009

716-492-9435

Please print clearly

Student _____

Date of Birth: _____

Building/Class/Grade _____

Request Date: _____

Requested by: _____

Completed by _____

Please note that with the new state requirements, all of the requested information below must be provided to be able to send the request to the parent. Services can not be backdated. Do not implement your requested changes until you have received a revised IEP.

PLEASE CHECK THE AREA IN WHICH CHANGE IS BEING REQUESTED:

<ul style="list-style-type: none">• Related Service: Specify _____• 1:1 Aide (Follow Requesting 1:1 Aide Procedures)• Extent of Participation in Regular Education• IEP Goals (Attach recommended goals, method of assessment,	<ul style="list-style-type: none">• Transition Plan• Program Option• Test Accommodations• Other
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Please indicate the specific item/service on the current IEP to be changed:

Current item: _____

Change to: _____

Change applies to item/service for: (circle applicable) this year/ summer/ next year

Reason for change: _____

Provider will be: _____

ATTACH ALL RELEVANT DOCUMENTATION (NEW GOALS AND PLEPS ETC.) TO THIS FORM AND FORWARD TO CSE CHAIRPERSON

Parent/Guardian contacted _____ Date contacted _____ By who _____

Comments: _____

SPECIAL EDUCATION OFFICE USE ONLY

Date received _____ CSE Recommendation ☐ approved ☐ not approved

Reason: _____

CSE Director/Assoc Dir. Signature: _____ Date: _____

Date Secretary Rec'd: _____ Date amendment consent rec'd: _____ Imp Date: _____