



Today's Date:

<b>Legal Name:</b>	<b>Project Director:</b>	<b>Site Director:</b>
<b>Site Name:</b>	<b>Teacher:</b>	<b>Assistant Teacher:</b>
<b>County:</b>	<b>Student:</b>	<b>Pre-K Specialist:</b>

**Provide the reason(s) a modified day is being requested:**

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**Questions to consider:**

How have suspensions been utilized? Appendix E  
How has the family been involved?  
Have parent conferences been held? Provide dates and a brief summary of the parent conferences.  
How has the Pre-K Specialist been involved? Provide details of how the Pre-K Specialist has been involved.  
Has the regional Inclusion Specialist been involved? If so, describe a summary of their involvement.  
Have special education or private services been discussed with the family?  
Has the family taken action to pursue services?  
Does the student have an Individualized Education Plan? If so, does it address the need for a modified day?

**Summary of strategies implemented by the program (review above questions):**

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<b>Describe the child's proposed modified daily schedule including times and activities he/she will participate in.  ATTACH CURRENT CLASSROOM DAILY SCHEDULE</b>

<b>Describe the strategies that will be implemented to support the child's transition back to the full 6.5 hour day.  Provide a timeline for the implementation of these strategies and who will be responsible for each.</b>

Has the Inclusion Specialist been involved?  Yes  No

**Required Signatures**

<b>Pre-K Project/Site Director</b>	
<b>Pre-K Teacher</b>	
<b>Pre-K Specialist</b>	
<b>Inclusion Specialist (when applicable)</b>	

<b>FOR INTERNAL USE ONLY</b>  <input type="checkbox"/> Supported  <input type="checkbox"/> Not Supported	Comments/Additional Information Requested:          
<b>Pre-K Regional Manager Signature</b>	Date:
Pre-K Regional Manager notified program by email of the decision to support or not support the request for modified day.	Date: