



Georgia's Pre-K Program 2018-2019 Request for Modified Day Form

Date:

Legal Name:	Project Director:	Site Director:
Site Name:	Teacher:	Assistant Teacher:
County:	Student:	Consultant:

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

Questions to consider:
<p>How have suspensions been utilized? Appendix E</p> <p>How has the family been involved?</p> <p>Have parent conferences been held?</p> <p>How has the Pre-K Consultant been involved?</p> <p>How has the regional Inclusion Specialist been involved?</p> <p>Have special education or private services been discussed with the family?</p> <p>Has the family taken action to pursue services?</p> <p>Does the student have an Individualized Education Plan? If so, does it address the need for a modified day?</p>
Summary of strategies implemented by the program (review above questions):

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

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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.

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Has the Inclusion Specialist been involved? Yes No

Required Signatures

Pre-K Project/Site Director	
Pre-K Teacher	
Pre-K Consultant	
Inclusion Specialist (when applicable)	

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