**Nata’s Kids, Inc.**

Preschool Special Education Program

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#  REQUEST TO AMEND CHILD’S IEP

# \_\_\_\_Change in Location \_\_\_\_\_Change in Frequency \_\_\_Termination

# \_\_\_ Additional Evaluation \_\_\_12 Months Rationale

**Student's Name**: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ NYC # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mandate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Attendance Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Credentials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Change Location From \_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Increase in Frequency:**
* **Decrease in Frequency:**
* **12 Months Rationale**
* **Termination Effective as of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Request Additional Evaluation \_\_\_ST\_\_\_PT\_\_\_OT\_\_\_SEIT\_\_\_ Counseling**
1. **CURRENT FUNCTIONING: (IEP goals worked on and met. Child’s response to services.)**
2. **CONCERNS/REASON FOR REQUEST (Explain the request for change to the IEP or request for an additional evaluation. Use specific examples.)**

1. **RATIONALE FOR REQUEST (Why does a child need the requested change to the IEP or an additional evaluation? Include the statement if parent is in agreement, specify your recommendations.)**

 **Provider Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**