

CONSENT FOR MODIFIED PROGRAM



12/16/2008

Date: _____

Re: _____
(Student Name)

D.O.B.: _____
(Day / Month / Year)

School: _____

Teacher(s): _____

Your child cannot meet all of the curriculum objectives and requires extensive adaptations to the curriculum, instruction and learning environment.

The program modifications for your child will take place both within the classroom and in a small group pull-out setting. The classroom teacher and resource teacher will discuss your child's personal program plan with you.

Parent Statement:

I understand the program described above and note that my child may not be able to complete all of the curriculum objectives for grade ____.

(Parent / Guardian Signature)

(Date)