

CONSENT FOR ALTERNATE PROGRAM



12/16/2008

Date: _____

Re: _____
(Student Name)

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

School: _____

Teacher(s): _____

Your child is unable to meet all of the curriculum objectives and requires new objectives for his/her program. The classroom teacher and resource teacher will collaborate with you to create an educational program specific to your child's needs.

Parent Statement:

I understand the program described above and note that my child requires a personal program plan with learning experiences that are unique to his/her needs.

(Parent / Guardian Signature)

(Date)