

SUPPORTS FOR LEARNING APPROVAL FORM



9/26/2013

Date: _____

Program: Equine Therapy Aqua Therapy Life Skills Other _____

Personal and School Information:

Student Name: _____

Occasional or Frequent Supports (please circle one)

Intensive Supports Category: _____

Grade: _____

School: _____

Classroom Teacher: _____

SSST: _____

Connection to IIP:

How does this support for learning program support this student's IIP? _____

Team Members Involved and their Role:

Frequency of Supports Required: _____

Will this student require transportation? _____ If yes, please fill out the Student Conveyance Approval Form.

Authorized by _____ Date: _____
(Principal)

Authorized by _____ Date: _____
(Superintendent of Student Services)