

Change of Schedule Request

Please note that ALL request submissions are required 2 weeks prior to change of schedule

Parent/Learner Information Section

Name of Learner	
-----------------	--

Name of Parent requesting change	
----------------------------------	--

Date of Submission	
--------------------	--

Request Section

Type of Change <small>(please check)</small>	Days Off	Shortened Day (Hours off)	Regular Therapy Hours Change
--	----------	------------------------------	---------------------------------

Days Off Request <small>(Please indicate the days and date of request)</small>	
Total # of Days Off on this Request:	

Shortened Day Request <small>(please advise the day(s) & date(s) of change and the new schedule for that/those day(s))</small>	
--	--

Regular Therapy Hours Change Request <small>(please indicate all days that the schedule will change and the new hours for each day the change is being made) Please also list the effective date of the change!</small>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
Effective date of Change:						

Parent Comments	Signature:	Date:
-----------------	------------	-------

Scheduler Comments	Signature:	Date:
--------------------	------------	-------