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|--|--|--|--|--|
| Counseling - Individual | | | | |
| Recreation | | | | |
| Tutoring | | | | |
| Speech and Language Services | | | | |
| Speech and Language Pathology | | | | |
| School Health & School Nursing | | | | |
| Rehabilitation Counseling | | | | |
| One-To-One-Aide Services | | | | |
| Reading | | | | |
| Physical Therapy | | | | |
| Written Expression | | | | |
| Parent Counseling & Training | | | | |
| Adapted Physical Education | | | | |
| Orientation and Mobility | | | | |
| Room & Board | | | | |
| Extended School Year | | | | |
| Other Related Service (Specify: _____) | | | | |
| Other Related Service (Specify: _____) | | | | |

III. CERTIFICATION

I certify that the above change in enrollment and/or services are correct and, if applicable, consistent with the current IEP for the above-named student.

Name of School Representative (*please print*): _____

Signature: _____ Date: _____