

"Your Staffing Source for Educational and Therapeutic Professionals."

**Ulster County IEP Service Amendment Request** Page \_\_\_\_ of \_\_\_\_  
(To be completed by service provider and submitted to CPSE/Copy to County)

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

School District: \_\_\_\_\_

Provider's Name: \_\_\_\_\_ Agency: \_\_\_\_\_

**Request for Change:** **DATE OF REPORT:** \_\_\_\_\_

\_\_\_\_ Termination of Service      \_\_\_\_ Addition of Service(\* includes Evals)      \_\_\_\_ Change in Service

SERVICE REQUESTED/TO BE AMENDED: \_\_\_\_\_

\_\_\_\_ Frequency:      From: \_\_\_\_\_ times per \_\_\_\_\_      To: \_\_\_\_\_ times per \_\_\_\_\_

\_\_\_\_ Duration/Method:      From: \_\_\_\_\_      To: \_\_\_\_\_

\_\_\_\_ Location:      From: \_\_\_\_\_      To: \_\_\_\_\_

Reason for Amendment: **(include current level of functioning;** services provide to date; current outcomes/progress; alternate strategies being used/effectiveness; concerns; team/parent involvement & education; success or difficulties integrating suggested strategies/activities into family's daily routines/everyday activities etc.) – ATTACH ADDITIONAL SHEETS IF NECESSARY:

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Provider Signature/License &/or Certificate No./Date      Request has been reviewed with parent/guardian    Y    N