

South Lane School District

School_____

Date_____

Request for Temporary EA Support

Name of Student: _____ Grade: _____

Primary Disability: _____ Secondary Disability: _____

Length of Time in SLSD: _____ Current Level of Sped Support: _____

What hour(s) during the school day is support needed? _____

Target date for support to start: _____

How many weeks is support needed? _____

Why is the school requesting support? How will support be used?

Describe plans for phasing out temporary support so that permanent staff can support student:

Principal

Sped Teacher

☐ RETURN FORM TO SPED DIRECTOR