PRESCHOOL EI SEPRN
(Early Intervention Special Education Plan Revision Notice)

PRESCHOOL EARLY INTERVENTION AGENCY INFORMATION

Date of Request:_________________________________________________________

Date Implementation Change Requested:____________________________________

Preschool EI Program:  ___________________________________________________

Contact Person regarding this EI SEPRN:   __________________________________

Telephone Number, including extension:   ____________________________________

Email Address:  __________________________________________________________

DESCRIPTION OF PLAN REVISION

1.  Program Year:  _______________________________________________________

2.  Proposed Revision (please check, circle, and/or add appropriate information):

   ~Addition of new ECSE classroom or reverse mainstreaming _____________

   ~Preschool:  Will own and operate the proposed classroom__________
                  Will fund a private provider to operate the classroom__________
                  (If private provider is operator, please provide cost details
                  in #7 below)

   ~Classroom Session Day(s):  (Circle all that apply)  M    T    W    Th    F
                                  AM Hours of Operation   ___  ___  ___  ___  ___
                                  PM Hours of Operation   ___  ___  ___  ___  ___
                                  Daily Total Hours of Operation   ___  ___  ___  ___  ___

   ~Variance of Classroom Teacher caseload ___
      From _____ total number of children per session
      To _____ total number of children per session
~ Variance of Itinerant Teacher caseload____
   ______total number of children

~ Variance of Speech Therapist caseload____
   From ______total number of children on caseload
   To ______total number of children on caseload

6. Proposed Start Date: __________________________

7. Detailed Justification for this Change Request: (please provide detailed explanation of reason for request)

8. Funding Source: ______________________________________________________

9. Explanation of impact this change will have on the Preschool Program’s LRE percentage:

Original Signature Required

______________________________________________              __________
Signature of Executive Director, Superintendent, or CEO                   DATE

EI SEPRN   7/08