
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