

WORKING DOCUMENT

Special Education Parity Committee Request Form

Date:	_____
Requested by:	_____
Name of School	_____
Principal	_____
Chairperson	_____

Request to the Parity Committee is for:

Attendant Number of Hours

Special Education Technician Number of Hours

Other _____

Description of the need/situation -

Preliminary measures put into place – (include dates)

Date the situation was addressed at your school level committee -

How did the school level committee address the problem -

Other pertinent information -

Attached is description of services presently allocated in school

Chairperson's Signature

Principal's Signature