

Connections' Change of Schedule Request

Please note that ALL request submissions are required 2 weeks prior to change of schedule

Parent/Learner Information Section

Name of Learner	
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Name of Parent requesting change	
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Date of Submission	
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Request Section

Type of Change (please check)	Days Off	Shortened Day (Hours off)	Regular Therapy Hours Change
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Days Off Request (Please indicate the days and date of request)	
	Total # of Days Off on this Request:

Shortened Day Request (please advise the day(s) & date(s) of change and the new schedule for that/those day(s))	
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Regular Therapy Hours Change Request (please indicate all days that the schedule will change and the new hours for each day the change is being made) Please also list the effective date of the change!	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
	Effective date of Change:					

Parent Comments	Signature: _____ Date: _____
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Scheduler Comments	Signature: _____ Date: _____
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