Preschool EI SEPRN

(Early Intervention Special Education Plan Revision Notice)

# Preschool Early Intervention Agency Information

Date of Request:

Preschool EI Program:

Contact Person regarding this EI SEPRN:

Telephone Number, including extension:

Email Address:

# Description of Plan Revision

## Fiscal Year:

## Proposed Revision (please check, and/or add appropriate information):

**Addition of a new classroom**

Our program will operate the proposed new classroom

Address of classroom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our program will fund a private provider to operate the new classroom

Address of classroom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relocation of a classroom**

Current address of classroom**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Proposed new address of classroom**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Closure of a classroom**

**Address of classroom closing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Classroom Session Day(s):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Operation Hours | Mon. | Tues. | Wed. | Thurs. | Fri. |
| AM Hours of Operation |  |  |  |  |  |
| PM Hours of Operation |  |  |  |  |  |
| Daily Total Hours of Operation |  |  |  |  |  |

## Proposed Start Date: Click or tap to enter a date.

## Detailed Justification for this Change Request: (Please provide detailed explanation of reason for request, including address when a classroom is being relocated or closed.)

By signing this EI SEPRN, I assure that the new classroom or new classroom location will meet the Quality Space Requirements for Early Intervention Programs as set forth in Appendix A1 of the Grant Agreement.

Signature of Executive Director, Superintendent, or CEO Date