



Learning Environment Hardship

***Current Semester Only**

Student Name: _____ **Date of Birth:** ____/____/____
Last First MI

Student ID #: _____ **Current School:** _____ **Current Grade:** _____

Current Address: _____
Street Address Apt # City Zip Code

Parent or Legal Guardian Name: _____ **Telephone:** _____

Current Learning Environment: Face-to-Face Remote Learning

Requested Learning Environment: Face-to-Face Remote Learning

Effective Date: _____

Is the student currently in Special Education? O Yes O No Please list service(s) your child is receiving: _____

Please provide rationale regarding your request on the lines below.

I certify all the information given is true and accurate to the best of my knowledge. If the learning environment hardship is granted, I will not be able to change for the 9-week commitment.

Parent or Guardian Signature Date

Principal's Approval Signature Date

FOR ADMINISTRATIVE USE ONLY:

Services can be provided via the requested environment: Yes No

Approved by Special Education: Yes No

Signature of Special Education IST

Approved Environment: _____ Date: _____

Denied Reason: _____ Effective Date: _____

Zone Superintendent Signature: _____