



# 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.**

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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: \_\_\_\_\_