



# Carbon Lehigh Intermediate Unit #21

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## DISTRICT REQUEST/NEED FOR 1-1 SUPPORT

Student: \_\_\_\_\_ Grade/Age: \_\_\_\_\_ Date of Request: \_\_\_\_\_

District: \_\_\_\_\_ Anticipated IEP Date: \_\_\_\_\_ PA Secure ID#: \_\_\_\_\_

Administrator Submitting Request: \_\_\_\_\_

Student Background Information (medical, behavior, safety):

Current Situation/Placement:

Recommended Placement:

# of Students: \_\_\_\_\_

Staffing Pattern:

Other Placement Options:

Purpose of Request:

Recommended Start Date: \_\_\_\_\_ Review Date: \_\_\_\_\_

MA Eligible:  Yes  No

District Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's and/or Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied Date: \_\_\_\_\_

*Download form, complete, then submit the completed form to [SPSevaluation@cliu.org](mailto:SPSevaluation@cliu.org).*

**Helping Children Learn**

*"CLIU is a service agency committed to Helping Children Learn."*