



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, complete, then submit the completed form to SPSevaluation@cliu.org.

Helping Children Learn

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