



AMITYVILLE UNION FREE SCHOOL DISTRICT
AMITYVILLE, NY 11701

PUPIL PERSONNEL SERVICES AND SPECIAL EDUCATION DEPARTMENT

BLUE CHANGE FORM

Revised September 2017

REVIEW REQUEST FOR STUDENTS RECEIVING SPECIAL EDUCATION SERVICES

Student's Name: _____ Date: _____
Date of Birth: _____ Grade: _____
School: _____
Referring Person/Title/Signature: _____

PROCEDURE:

A. Please use this form for the following reasons:

1. Adding and/or revising IEP goals.
2. Revising the delivery of related services already in place (eg: group versus individual).
3. Increasing the frequency of related services.
4. Revising or adding program modifications.

B. Contact the parent/guardian regarding the change and you are recommending. Please inform the parent/guardian that a consent form will be sent home for their signature.

C. The building special education coordinator or psychologist will generate a prior written notice and consent to be sent home to the parent.

D. Complete this form, keep a copy for yourself, and the original to your building special education coordinator or psychologist, who will then open a draft IEP.

E. Make the changes on the draft and then notify special education coordinator or psychologist that changes are complete.

F. The building special education coordinator or psychologist will then send copy to PPS administrator who will review IEP and finalize.

REASON FOR RECOMMENDED CHANGE: (Indicate all that are appropriate)

- ☐ Adding and/or revising IEP goals.
- ☐ Change in delivery of related services to: _____
- ☐ Increased frequency of related services to: _____
- ☐ Revising test accommodations as follows (except for Extended Time and Tests Read):

- ☐ Revising or adding program modifications as follows:

PPS Administrator Signature: _____
____ IEP Finalized

Date: _____

Copy Returned to: _____

Date: _____