

Date: _____

TO: Dr. Terry Smith, PAEC
Mary Beth Boeh, PAEC

SUBJ: Request for One-on-One Program Assistant

This form is to be utilized for students who are being considered, based on need, for a one-on-one program assistant or transfers or move-ins with a one-on-one program assistant on their IEP.

Student: _____ **DOB:** _____

Resident District: _____

Attending School: _____

Rationale for making the request (be specific) and attach supporting data:

Person(s) making the request: _____

Approved by: _____
District Principal (if applicable) Date

Approved by: _____
PAEC Executive Director Date

cc: Linda Theis, PAEC