File: IIJ-E

INDIVIDUAL PROGRAM REQUEST

Name of Child:	
Name of Parents:	
Date of Meeting:	
Present at Meeting:	
Program Deviations from Regulai	r Curriculum:
Anticipated Additional Cost, if an	y :
Signature of Principal	
Approved	
Not Approved	
	Signature of Superintendent of Schools
Reviewed: June 8, 2009	

MSAD No. 9