**Justification for Increase in Special Education Itinerant Services**

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| Student Name:  |   | DOB:  |   |
| Service:  | SEIT  | NYC ID:  |   |
| Provider Name:  |   |   |   |

Reason:

* Must include techniques/strategies used with child and how child responds to specific techniques/strategies (i.e. do not state that child needs prompting; please state what kind of prompts, how often the child needs prompts, how child responds to prompts).
* Must include 3 months of data on progress toward goals
* Be specific when explaining child’s individual needs and justification for the increase in hours

IEP Pages with updated PLOPS and goals must be submitted with the request for an increase in services

Related Service Progress Reports and related services goals must be included with report

Signature: Must be electronic Signature, not typed                         Date: