

**Parent Request for Early or Late Hours of Service**

Date:\_\_\_\_\_\_\_

Re: **Child’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EI**# \_\_\_\_\_\_\_\_\_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am requesting for my child to receive:

 *(Parent’s Name)*

ST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Therapist’s Name Therapist’s Name Therapist’s Name*

Special Instruction/TSHH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nutrition:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Therapist’s Name Therapist’s Name Therapist’s Name*

EI\_\_\_ services as per IFSP mandate of 30 \_\_\_45\_\_\_\_60\_\_\_ minutes:

\_\_\_\_\_**Before 7:00am** due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *State reason*

\_\_\_\_\_**After 9:00pm** due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *State reason*

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent’s Name Parent’s Signature Title*

## Office Approval: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_