

GREENBURGH ELEVEN UNION FREE SCHOOL DISTRICT
P.O. BOX 501
DOBBS FERRY, NEW YORK 10522

REQUEST FOR ADDENDUM

TO: The Committee on Special Education

DATE RECEIVED _____ CASE MANAGER: _____

FROM: _____ (Referring Party)

_____ (Principal's Signature)

STUDENT'S NAME: _____ D.O.B. _____

DATE OF REQUEST: _____ GRADE: _____

CHANGE/ADDENDUM REQUESTED: _____

RATIONALE: (Give Specific Reason for the Requested Change)

CURRENT READING SCORES:
DATE OF TEST: _____
TEST: _____
TEST LEVEL: _____
GRADE EQUIVALENT: _____

CURRENT MATH SCORES:
DATE OF TEST: _____
TEST: _____
TEST LEVEL: _____
GRADE EQUIVALENT: _____

DO NOT WRITE BELOW THIS LINE

CSE AUTHORIZATION

ACTION REQUIRED

AUTHORIZATION: _____

DOROTHY RIOLO

CSE CHAIRPERSON

DATE