

## Uintah School District Request for Supplemental Services

Student Name \_\_\_\_\_ Date of Request \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Phone \_\_\_\_\_

Subjects for which supplemental services are being requested:

Language Arts

Math

Note: Service can only be provided by a service provider from the state approved list See list on at the following website: <http://www.usoe.k12.ut.us/curr/nclb/default.htm>.

Name of service provider you are requesting \_\_\_\_\_

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For Office Use Only

Student is

Eligible for service

Not eligible for service

Date \_\_\_\_\_ By \_\_\_\_\_