Great Falls Public Schools

SPED CASE MANAGEMENT REQUEST

Form must be completed in advance.

Name_____ Position_____

Date Requested: _____

Circle One: FULL DAY HALF DAY

_____ _____
Employee Signature Date

_____ _____
Direct Supervisor Signature (when applicable) Date

☐ **Approved** ☐ **Not Approved**

DW-235 SPED REQUEST | Rev. 7/2023 | *WHITE – Executive Director YELLOW – Direct Supervisor PINK--Employee*

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