

## Request: Individual (I) vs. Group (G) Therapy

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ CC: Municipality \_\_\_\_\_  
School District: \_\_\_\_\_ IEP Date: \_\_\_\_\_ School District CPSE \_\_\_\_\_

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1. This child is currently recommended to receive:

\_\_\_\_\_ I  
Therapy Frequency  
\_\_\_\_\_ G  
Frequency

It is not possible to provide group therapy because:

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

*Ex. there is not another child with similar needs available at this pre-school site, at a time that works in the schedule of each child.*

I will continue to seek an appropriate grouping situation for this child but will now, be providing therapy as a group of "1" and seeking Individual rate.

\*No IEP change.

\_\_\_\_\_  
Signature with Credentials

\_\_\_\_\_  
Date

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2. I have been providing:

\_\_\_\_\_ in a group of "1" as no appropriate group has been available. As of \_\_\_\_\_, this child's original recommendation will be delivered as a grouping situation is now available. Group rate will begin.

\*No IEP change.

\_\_\_\_\_  
Signature with Credentials

\_\_\_\_\_  
Date