



# Learning Environment Hardship

**\*Current Semester Only**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI

**Student ID #:** \_\_\_\_\_ **Current School:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
Street Address Apt # City Zip Code

**Parent or Legal Guardian Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Current Learning Environment:**  Face-to-Face  Remote Learning

**Requested Learning Environment:**  Face-to-Face  Remote Learning

**Effective Date:** \_\_\_\_\_

Is the student currently in Special Education? O Yes O No Please list service(s) your child is receiving: \_\_\_\_\_

**Please provide rationale regarding your request on the lines below.**

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

I certify all the information given is true and accurate to the best of my knowledge. If the learning environment hardship is granted, I will not be able to change for the 9-week commitment.

\_\_\_\_\_  
Parent or Guardian Signature Date

\_\_\_\_\_  
Principal's Approval Signature Date

**FOR ADMINISTRATIVE USE ONLY:**

Services can be provided via the requested environment: Yes No

Approved by Special Education: Yes No

\_\_\_\_\_  
**Signature of Special Education IST**

Approved Environment: \_\_\_\_\_ Date: \_\_\_\_\_

Denied Reason: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Zone Superintendent Signature: \_\_\_\_\_