

Dear _____ ,

Below I have listed student(s) in your class that receive speech/language services as well as their service times each week:

_____	_____
_____	_____
_____	_____

Please share with me 3 preferred days/time blocks for pulling students out of your class (i.e. #1 M-F 8:00-8:30 #2 T/TH anytime after 1:00 #3 W 9:00-9:45):

1. _____
2. _____
3. _____

Please return this form to me as soon as possible. I will make every effort to accommodate your requests.

Thank you for being flexible!

Speech Language Pathologist