



16497 Snyder Road, Chagrin Falls, Ohio 44023  
Phone: 440-708-0013 Fax:440-708-0029

### Change of Lesson Request Form

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Class Code: \_\_\_\_\_ Current Lesson Day/Time: \_\_\_\_\_

During lessons, I/My child requires (circle one):

Leader Only

Leader/1 Sidewalker

Leader/2 Sidewalkers

Other days and times available: (please list all possible options as schedule changes may be difficult to accommodate)

1<sup>st</sup> choice \_\_\_\_\_

2<sup>nd</sup> choice \_\_\_\_\_

3<sup>rd</sup> choice \_\_\_\_\_

other \_\_\_\_\_

Last date you will be able to attend current lesson time: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Once this form is completed, please return it to your instructor. You will be contacted as soon as a new schedule option becomes available. All changes will be processed based on the order they are received and the availability of appropriate class groupings.

Thank you for your patience!

For Office Use Only

▪ Completed forms go to Winni

▪ Received from participant: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

▪ Received by Winni: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_