



1021 Springboard Drive
Hershey, PA 17033
717.583.5102
www.VistaAutismServices.org

Request To Change Instructional Model Assignment

Parents/Guardians will complete this form and return to Nicole.nowland@vistaautismservices.org
Please allow 5 school days from receipt of this request for this change to be processed and for the newly elected instructional model to take effect. Your child's teacher will provide you with additional details closer to the date of transition. A change in instructional model may result in an IEP revision.

Student Name: _____ **Date:** _____

Teacher: _____

Home School District: _____

Current Instructional Model: _____

Instructional Model you are requesting: _____

Model Options:

In-Person: Instruction provided in person at The Vista Schools campus, five days a week.

Blended: In person instruction provided 2 days a week at The Vista Schools campus, remote instruction provided the other 3 days at home

Distance: All supports via virtual means (no in person supports in home and no in-person instruction in any school building)

*If opting for In-Person or Blended learning, are you willing to provide transportation to and from school or are you looking for your home district to transport?

Self-Transport

District Transport

Parent/Guardian Name: _____

Email Address: _____

Phone Number: _____

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