



**MILWAUKEE  
PUBLIC SCHOOLS**

**Every Student Succeeds**

**Instructional Minutes Program Change Form**

Date of request: \_\_\_\_\_

School name: \_\_\_\_\_ Administrator Requesting Change: \_\_\_\_\_

Title I-A Teacher: \_\_\_\_\_

Service Provider Supervisor: \_\_\_\_\_

2023-2024 Number of Students Serviced with Title I Service: \_\_\_\_\_

**Reason for requesting instructional minute adjustment for the 2023-2024 school year. Please provide a detailed explanation of why you would like to request reducing supplemental minutes.**

*Guiding Questions: What would the instructional model look like in your building? What will the programming look like if you have more than one supplemental instructional teacher? How many students would be served by adjusting the minutes?*

**How would this impact the number of students that would be served for the 2023-2024 school?**

School Administrator Signature: \_\_\_\_\_

Service Provider Supervisor Signature: \_\_\_\_\_

**\*Attach schedule of service based on reducing minutes, include teacher prep, instructional sections, subject(s). Schedule is needed prior to approval of supplemental instructional change.**