

## Request for smaller instructional groups

Date: \_\_\_\_\_

School name \_\_\_\_\_ Administrator requesting change \_\_\_\_\_

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

Schedule group time \_\_\_\_\_

Smaller Group would consist of \_\_\_\_\_ students.

Reason(s) for requesting smaller size instructional groups (less than 6 students within a single group):

No other students to refer to group at this time

Smaller group setting requested to better meet student's current academic needs

Principal Request –list reason below:

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Detailed explanation

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Principal Signature: \_\_\_\_\_