

**PARENT REQUEST FOR CHANGE OF EDUCATIONAL SPECIALIST**

( for parent use to request an ES change)

Please return this form to: Student Assignments, 4535 Missouri Flat Road, Ste. 1A, Placerville, CA 95667

Please assign the following students to a different ES if possible:

Parent Code \_\_\_\_\_ Parent Name \_\_\_\_\_

Student Number \_\_\_\_\_ Student Name \_\_\_\_\_

Student Number \_\_\_\_\_ Student Name \_\_\_\_\_

Student Number \_\_\_\_\_ Student Name \_\_\_\_\_

Student Number \_\_\_\_\_ Student Name \_\_\_\_\_

Student Number \_\_\_\_\_ Student Name \_\_\_\_\_

My current ES is: \_\_\_\_\_

\_\_\_\_\_ I know who I want to work with (Write name of Requested ES below)

\_\_\_\_\_

\_\_\_\_\_ I don't know who I want to work with. (check below whichever is your circumstance):

\_\_\_\_\_ I want an ES who lives in my area.

\_\_\_\_\_ I want a different ES than the one I am currently assigned.

\_\_\_\_\_ Specify reason for change \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's signature \_\_\_\_\_

Parent's Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only  
Date transfer \_\_\_\_\_ Receiving ES \_\_\_\_\_