

Early Learning Coalition



of Pinellas County, Inc.

School Readiness Special Needs Rate Request Form

Center/Provider Name: _____

Provider ID: _____

Address: _____

Phone: _____

Email: _____

Child's Name: _____ Child's Birthdate: _____

Diagnosis: _____ IEP: FSP:

Part-Time: (Less than 6 hrs. per day) Full-Time: (6 or more hrs. per day)

Special Needs Daily Rate:

Part- Time \$ _____ Full -Time \$ _____

Accommodations:

Provider Signature

Date

*Per FS Rule 6M-4.500 Child Attendance and Provider Reimbursement