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**Annapolis Valley Regional School Board**  
**REQUEST FOR INTER-REGIONAL COLLABORATION**

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**Student Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Legal Guardian(s): \_\_\_\_\_

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

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The above-named student is presently following an Individual Program Plan (IPP). Preliminary contacts indicate that the student's needs would be better served by a revised IPP (attached), which allows collaborative service delivery as outlined below:

Proposed Collaborating Board(s): \_\_\_\_\_

Proposed Placement: \_\_\_\_\_

Proposed Program/Service: \_\_\_\_\_

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Proposed Timeline: \_\_\_\_\_

Anticipated Cost: \_\_\_\_\_

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It is requested that this proposed inter-regional collaboration be examined, details of operation be worked out, and (if appropriate) approval be given for implementation.

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_