

ALABAMA DEPARTMENT OF HUMAN RESOURCES
FAMILY SERVICES DIVISION

Educational Choice Form

County _____

Child Name: _____

DOB: _____

Case Name: _____

DHR Case Number: _____

Custody Status: Temporary
 Permanent
 Other

Special Education: N/A 504 Plan
 Gifted IEP
 Other SE Services

Medical Status:

Not Medically Fragile Medically Fragile Other Medical Condition

Note: Medically Fragile students must have a physician statement approving In-Person instruction.

Comments/ Considerations: _____

Please choose/circle one option:

In-Person

Virtual

Hybrid (where available)

Child asked for input if age and developmentally appropriate:

YES

NO

By signing your name below, you are stating that you agree with the education services delivery method selected above.

Date: _____ Worker: _____ YES NO

Date: _____ Supervisor: _____ YES NO

Date: _____ Parent/Guardian: _____ YES NO

Date: _____ Parent/Guardian: _____ YES NO

Date: _____ Foster Parent: _____ YES NO

Date: _____ GAL: _____ YES NO

Note: If agreement cannot be reached, a full ISP Team meeting will be convened.