

Request for Approval for Continuation of Current Education Services (COS)

This form must be submitted to the Regional Office prior to the end of eligibility

STUDENT	
District: _____	
Student's Name: _____	
<div style="display: flex; justify-content: space-between;"> <i>Last</i> <i>First</i> <i>M.I.</i> </div>	
DOB _____	COE ID#: _____
School _____	Grade _____ EOE _____
DEFINE MEP education service(s) received at time of EOE to be continued (i.e. math tutoring – three hours per week):	
EXPLAIN why this/these education service(s) should be continued (i.e. achievement remains borderline or failing, etc. Please attach proper documentation):	
EXPLAIN the process and resulting outcomes used to determine that the MEP is the only resource available to meet this student's need for the continuation of the defined education service(s):	
COS Requested <input type="checkbox"/>	<input type="checkbox"/> Additional year/ no comparable services <input type="checkbox"/> Serving secondary students through credit accrual program(s) until graduation
Start Date _____ End Date _____	
LEA	
Name of person completing this form: _____ Title: _____	
School: _____ Email _____ Phone _____ Date: _____	
GaDOE MEP Regional Office	
ACCEPTED <input type="checkbox"/>	DECLINED <input type="checkbox"/>
Reason for declination:	
Reviewed Signature _____	Date _____ GA DOE MEP Regional Coordinator Date _____