

**INCLUSIVE EDUCATION DEPARTMENT**  
**APPLICATION FOR IEP RELEASE TIME SUB**  
**COSTS**

Please note that IEP meeting sub costs are available for students in the **high needs categories (119 & 118) I.E.P. meetings are not covered for Intense Behavior students.**

Please scan this request to inclusive.education@sd8.bc.ca PRIOR to the IEP meeting to have confirmation if release time will be covered by Inclusive Education

SCHOOL:	
STUDENT(S):	
DATE OF MEETING:	
TIME OF MEETING:	
NAME OF TEACHER ATTENDING:	
NAME OF EDUCATIONAL ASSISTANT ATTENDING:	

<b><u>OFFICE USE ONLY</u></b>	
Date Received:	_____
Date Approved:	_____
APPROVED:	_____
	Confirmed approval is required
Copy to Payroll:	