

Infant & Toddler Early Intervention Program

Part C of IDEA

Michigan Department of Education

Office of Great Start/Early Childhood Education
and Family Services

P. O. Box 30008

Lansing, MI 48909



PRIOR APPROVAL FOR SPECIAL EVENTS/MEETINGS

Use this form to request Prior Approval to attend a special event or meeting associated with your work for the MICC, such as *Early On* conferences, other trainings, etc.

Parent's Name: _____

Last four digits of Social Security No. _____ Phone: _____

Address: _____

City/State/Zip: _____

Date/Time of Event/Meeting: _____

Title and Description of Event/Meeting: _____

Anticipated benefit to *Early On*:

Brochure/Agenda/Documentation about meeting is attached: Yes No

Estimated cost of participation: _____ (list requested type of expense and amount, ex. airfare at \$400, 3 nights hotel @ \$75/night; meals for 3 days @ \$30.75/day)

Registration _____

Travel _____

Lodging _____

Meals (*per diem*) _____

Other costs _____

Child care _____

Honorarium _____

****Mail to the attention of Barb Schinderle at the above address at least 15 business days prior to event****

Date reviewed: _____ Reviewed by: _____

Approved

Specific expectations of participant: _____

Costs that will be covered as requested above:

Travel Lodging Meals Other Child Care Honorarium

Exceptions to request: _____

Parent contact needed (*date contacted/resolution*): _____