



General School Schedule

Participant: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Schooling times							

My child is participating in the following education structure:

- _____ Virtual
- _____ In person
- _____ Hybrid
- _____ Homeschool

Please initial acknowledging the following:

- _____ I understand all self direction supports may only be provided outside interactive schooling hours.
- _____ I understand all additional supports provided will impact my PRA (personal resource account) and that I must assure all services rendered within the budget year must be under my total PRA. I can be held liable for anything billed over PRA.
- _____ If there are any changes to my child’s school schedule I will let AIM know immediately.

Representative Signature: _____

Date: _____