

**Facility Specification Standards
Modification Request Form**
Sioux Falls School District



Modification Request: New Standard
 Modification of an Existing Standard

Building Level: High School
 Middle School
 Elementary School

Modifications Impact: District Wide (all Buildings in indicated level)
 Building Specific

Room Type: Existing Room Type
 New Room Type

Room Designation: _____
(ex. Math Classroom or Computer Lab)

_____ **Number of Rooms Required**

Modification Request: _____

Reason for Modification and/or Change in Standards: _____

Requestor: Building: _____
(Principal/Director) Name: _____
 Phone: _____

* Send all Requests to the Office of the Superintendent

Approval Status: *This Section to be completed by Superintendent's Office*

Superintendent: Recommend Approval Not Approved
 Date : _____

School Board Action: Approved Not Approved
 Date : _____