|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’S DIVISION  **Statewide Curriculum Review Team Change Request Form** | | | | | |
| Date | Name | Email | Telephone Number | | | |
| County/Circuit or Agency | | City | | | State | Zip Code |
|  | | | | | | |
| **A. Proposed Change(s)** | | | | | | |
|  | | | | | | | |
| **B. Why is this change important and how does it support the competencies?** | | | | | | |
|  | | | | | | | |
| SIGNATURE  ► | | | | | DATE SIGNED | | |