Alabama State Department of Education
Special Education Services
Technical Assistance Request Form

This form must be completed in its entirety before the request will be considered.

LEA: _____   Date of Submission: _____

Region: _____ (select one) Coordinator's Name: _____

Area of Technical Assistance Requested (select <u>one</u> per request form):

- [ ] Indicator 1:   Graduation Rate
- [ ] Indicator 2:   Drop Out Rate
- [ ] Indicator 3b: Participation in Assessments
- [ ] Indicator 3c: Performance in Assessments
- [ ] Indicator 4a: Suspension/Expulsion: Performance
- [ ] Indicator 4b: Suspension/Expulsion: Compliance
- [ ] Indicator 5:   LRE
- [ ] Indicator 6:   Preschool LRE
- [ ] Indicator 7:   Preschool Outcomes
- [ ] Indicator 8:   Parental Involvement
- [ ] Indicator 9:   Disproportionate Representation
- [ ] Indicator 10: Disproportionate Representation by Disability
- [ ] Indicator 11: Initial Evaluation Timeline (60-day Timeline)
- [ ] Indicator 12: Preschool Transition
- [ ] Indicator 13: Secondary Transition (compliance)

- [ ] Indicator 14: Post-school Outcomes
- [ ] Behavior
- [ ] Child Count
- [ ] Curriculum
- [ ] Fiscal
- [ ] IEP
- [ ] Preschool
- [ ] Transition (noncompliance related)
- [ ] Eligibility
- [ ] Collaborative Teaching
- [ ] Administrators' Training
- [ ] Gifted
- [ ] Data Analysis
- [ ] Assistive Technology
- [ ] Other (please specify) _____

Statement of Specific Technical Assistance Need(s):

1. Describe in detail the basis for this request:

2. What previous TA related to this topic has been provided?

    a. Describe the training

    b. When and by whom was the training provided?

    **Please attach any related documentation of previous trainings, such as agendas and sign-in sheets. **

3. How did you determine the need for additional TA? Provide data to support this request

**Any information containing personally identifiable information (PII) must be sent through Secure File Sharing server. **

Suggestions for Proposed Technical Assistance

1. What method of technical assistance do you feel would meet this need?

2. Who is the targeted audience for this technical assistance request?

3. Does your system have the capability to participate virtually in technical assistance?_____

4. What is your time frame for completion of this technical assistance?

Additional Comments:

Instructions for Submission of this Request:
Please email the completed request and any supporting documentation to Brian Dunn at rdunn@alsde.edu at least thirty (30) days prior to anticipated date of implementation of request. In case of an emergency request for technical assistance, please contact your Regional Specialist immediately to discuss the issue.

This request for technical assistance has been submitted by:

_____   _____
Signature of Special Education Coordinator   Date

For ALSDE/SES use only:

Date Received by SES: _____   Date of TA Team meeting: _____

Type of TA to be provided: _____

Date(s) of TA: _____

Location of TA: _____

Name of Person(s) to Provide TA: _____

Date of Completion of Progress Monitoring Form: _____

Date of Completion of Technical Assistance: _____

Name of Person to Provide Follow-Up: _____

Date(s) for Follow-Up: _____

Date of Completion of Technical Assistance Process: _____

09/30/2016