

SPECIAL EDUCATION TECHNICAL ASSISTANCE REQUEST

Date of TA Request:	Name of District/Program:
Special Education Director Name:	
Name of contact person (if different from the Special Education Director):	
Phone number & Email of contact person:	
Brief description of the reason/need for the TA:	
Specific type of professional development requested (e.g. group training, policy or procedure review, etc.):	
Number and the professional composition of the participants:	
Proposed date(s) for the TA activities:	
Amount of time expected for the TA activities:	
How the professional development is tied to the State Performance Plan priorities, other state or initiative(s), or your district or special education program's professional development/ school plan :	
Other comments:	

The _____ School District agrees to the following conditions per approval of request:

- The administrator will be responsible to provide any accommodations necessary for the participants in the training.
- The administrator agrees to distribute the TA evaluation form to the participants.
- The administrator agrees to complete a brief 6 month follow-up evaluation.
- The administrator agrees to provide participants copies of the TA Consultant's hand-out materials.
- The administrator will ensure that the assigned TA Consultant and the Bureau will be contacted immediately if there is any change in the schedule or in the TA that has been requested.

Special Education Administrator

Date

Santina Thibedeau
Administrator, Bureau of Special Education
*Subject to availability of funds

Date

Please return to McKenzie Harrington at:
101 Pleasant Street
Concord, NH 03301
Fax: (603) 271-1099
mharrington@ed.state.nh.us