

MTSS/PBIS TA Request Form - CONTACT INFORMATION

* 1. Please supply the following demographic information:

First Name:

Last Name:

District/BOCES:

School (if applicable):

Email Address:

Phone Number:

* 2. Please describe your role at the BOCES, District, or School(s). Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Elementary School Teacher | <input type="checkbox"/> Curriculum Director |
| <input type="checkbox"/> Middle School Teacher | <input type="checkbox"/> Special Education Coordinator |
| <input type="checkbox"/> High School Teacher | <input type="checkbox"/> Special Education Director |
| <input type="checkbox"/> School Mental Health Professional | <input type="checkbox"/> Assistant Superintendent |
| <input type="checkbox"/> Relate Services Personnel | <input type="checkbox"/> Superintendent |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> School Board Member |
| <input type="checkbox"/> Dean/Assistant Principal | <input type="checkbox"/> Parent/Family Member |
| <input type="checkbox"/> Principal | <input type="checkbox"/> Parent/Family Organization |
| <input type="checkbox"/> Instructional Coach | |
| <input type="checkbox"/> Other (please specify) | |

3. If you provide support to more than one school, please list the names of schools below.

MTSS/PBIS TA Request Form - TA REQUEST DESCRIBED

*** 4. Goals/Outcomes: Identify specific goals and/or desired outcomes related to the technical assistance request.**

*** 5. Goals/Outcomes: Describe the data that demonstrates the need to address these goals or desired outcomes.**

*** 6. Target Audience: Who would you like to participate in the technical assistance (Check all that apply)?**

- | | |
|--|--|
| <input type="checkbox"/> Elementary School Teacher | <input type="checkbox"/> Curriculum Director |
| <input type="checkbox"/> Middle School Teacher | <input type="checkbox"/> Special Education Coordinator |
| <input type="checkbox"/> High School Teacher | <input type="checkbox"/> Special Education Director |
| <input type="checkbox"/> School Mental Health Professional | <input type="checkbox"/> Assistant Superintendent |
| <input type="checkbox"/> Related Services Personnel | <input type="checkbox"/> Superintendent |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> School Board Member |
| <input type="checkbox"/> Dean/Assistant Principal | <input type="checkbox"/> Parent/Family Member |
| <input type="checkbox"/> Principal | <input type="checkbox"/> Parent/Family Organization |
| <input type="checkbox"/> Instructional Coach | |
| <input type="checkbox"/> Other (please specify) | |

*** 7. Target Audience: Estimate the number of participants expected to be included in the technical assistance.**

*** 8. Modality: Please select your preferred modality for the technical assistance requested in this form (Check all that apply).**

Face-to-face

Phone

Email

Virtual meeting

Other (please specify)

***9. Content Area(s) of Technical Assistance: Please indicate the topic area(s) that are being requested (Check all that apply).**

- School wide Information Systems (SWIS)
- Implementation Science Overview
- Positive Behavior Interventions and Supports (PBIS) Overview
- Classroom Systems and Behavior Management
- MTSS Essential Component: Shared Leadership
- MTSS Essential Component: Data Based Problem Solving and Decision Making
- MTSS Essential Component: Layered Continuum of Supports
- MTSS Essential Component: Evidence-Based Instruction, Intervention, and Assessment Practices
- MTSS Essential Component: Universal Screening and Progress Monitoring
- MTSS Essential Component: Family and School and Community Partnering
- Other (please specify)

***10. Sustainability and Continuous Improvement: Please describe how the requested technical assistance fits within the district's long term plan for scale-up of evidence-based practice(s).**

MTSS/PBIS TA Request Form - EXISTING DISTRICT RESOURCES

***11. District Resources: The Office of Learning Supports would like to partner with your district to make technical assistance successful. Please indicate the resources the district/organization intends to contribute to the success of this technical assistance (Check all that apply).**

- Not applicable additional resources are not necessary for this request
- Provide work space
- Provide technology (e.g., AV equipment, Internet access, etc.)
- Schedule opportunity on district/school professional development day
- Offer participant stipends
- Offer substitution pay reimbursement to participating districts
- Offer mileage reimbursement for participants
- Provide food and beverages
- Other (please specify)

***12. Identify other opportunities provided through the Office of Learning Supports with which your district has participated (Please check all that apply).**

- School wide Information Systems (SWIS)
- Implementation Science Overview
- Positive Behavior Interventions and Supports (PBIS) Overview
- Classroom Systems and Behavior Management
- MTSS Essential Component: Shared Leadership
- MTSS Essential Component: Data Based Problem Solving and Decision Making
- MTSS Essential Component: Layered Continuum of Supports
- MTSS Essential Component: Evidence-Based Instruction, Intervention, and Assessment Practices
- MTSS Essential Component: Universal Screening and Progress Monitoring
- MTSS Essential Component: Family and School and Community Partnering
- Other (please specify)

THANK YOU FOR YOUR TIME.

A representative from the Office of Learning Supports will contact you with a response to your request soon. If you have any questions about this form or the status of this request please contact Michael Ramirez at (303) 866-6991 or email: Ramirez_m@cde.state.co.us. Thank you.