

# TECHNICAL ASSISTANCE REQUEST FORM



Please complete and return to [OSITA@doe.virginia.gov](mailto:OSITA@doe.virginia.gov)

## Person Making Request Contact Information

Name:  
Job title:  
Telephone number, including area code:  
E-mail address:  
School Division:  
School(s):

Are you requesting technical assistance for a:  School(s)  School Division  Both

Please indicate if the school(s) or school division is working with a:

Academic Review Coordinator  Division Liaison  Regional Liaison  State Facilitator

Please provide the name and e-mail address for the position checked above:

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Please identify the Division Leadership Team contact person:

Name \_\_\_\_\_ E-mail \_\_\_\_\_

### **Division**

Please complete this section to request technical assistance for a **school division**.

Describe, as specifically as possible, the condition or issue for which the training or technical assistance is requested.

Response: (Use as much space as needed.)

\_\_\_\_\_

### **School**

Please complete this section to request technical assistance for a **school(s)**.

Describe, as specifically as possible, the condition or issue for which the training or technical assistance is requested.

Response: (Use as much space as needed.)

\_\_\_\_\_

**I acknowledge that I have read and reviewed this request.**

\_\_\_\_\_  
Name of division level staff person

\_\_\_\_\_  
Job title

\_\_\_\_\_  
Date

### OFFICE OF SCHOOL IMPROVEMENT (OSI) USE ONLY

Disposition of requested technical assistance:

- DTAT members provided the following technical assistance:
- Beginning:
- Ending Date:

A summary from the DTAT member(s) who provided the technical assistance is attached.