

**REQUEST FOR INTERMEDIATE UNIT 1
TECHNICAL ASSISTANCE/PROFESSIONAL DEVELOPMENT**

Date for Service: _____ Date of Request: _____

Start Time: _____ Ending Time: _____

School District: _____ District Contract Person Name: _____

Telephone: _____

Email: _____

Session Location (Building and Room): _____

Requested Topic: _____

Grade Level of Participants: _____ Number of Participants: _____

Rate the participants level of prior knowledge of the requested topic:

_____ limited knowledge _____ no prior knowledge

What identifiable needs will this session address? _____

What implementation strategies are planned following this session? _____

Fee for services: Yes _____ No _____ Fee: \$ _____

If fee is applicable, the charge is \$400.00 per person/full day and \$200.00 per person/half day or less.

PLEASE ADHERE TO THE FOLLOWING GUIDELINES

- Event must be scheduled six (6) weeks in advance;
- An accurate number of participants must be confirmed two (2) weeks in advance;
- Changes to the agreed upon topic require four (4) weeks notice;
- Administrator/facilitator must be present to help facilitate workshop; and
- To the best of its ability, district will honor request for room setup and equipment.

Please email or return to:

Rena Kotchman, 99 Manse St, Washington, PA 15301