

Office of Christine Lizardi Frazier  
**KERN COUNTY SUPERINTENDENT OF SCHOOLS**  
 Advocates for Children  
**KERN COUNTY CONSORTIUM SELPA**

**REQUEST FOR PROGRAM SPECIALIST SERVICES**

Person Making Request \_\_\_\_\_  
 District \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_  
 Phone \_\_\_\_\_ best time to call: \_\_\_\_\_

Request (be as specific as possible)

Classroom Observation/Consultation for the following purpose: \_\_\_\_\_

For classroom observations/consultations, please describe the building-and district-level strategies and supports that have been provided to the classroom teacher thus far:

<b>Strategy</b>	<b>Description</b>
<input type="checkbox"/> Teacher has received direct coaching and mentoring from district specialists: master teachers, site administrator, school psychologist, etc.	
<input type="checkbox"/> Teacher has participated in district-level and SELPA-level training in classroom management, instructional strategies, and behavioral strategies.	
<input type="checkbox"/> Teacher has a posted instructional schedule that is understood by the students and followed by the teacher.	
<input type="checkbox"/> Teacher has actively taught, modeled, and reinforced expectations, procedures, and routines.	
<input type="checkbox"/> Teacher has well developed lesson plans and differentiates instruction.	
<input type="checkbox"/> Teacher understands the unique characteristics and needs of the students with disabilities who are currently in the classroom.	
<input type="checkbox"/> Behavior support plans have been developed and implemented with fidelity for students who demonstrate disruptive or challenging behavior.	
<input type="checkbox"/> Teacher actively reinforces preferred behaviors. The reinforcers are meaningful to the students.	
<input type="checkbox"/> Other:	

Workshop Presentation

Type of workshop: \_\_\_\_\_

Location of Workshop: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

Supervisor's/Administrator's Signature

**Return to: Kern County Consortium SELPA/Superintendent of Schools Office  
Attn: SELPA Director, 1300 17<sup>th</sup> Street, Bakersfield CA 93301-4533  
(661) 636-4801 Fax (661) 636-4810**

Date Received \_\_\_\_\_ Assigned To \_\_\_\_\_ Director Initials \_\_\_\_\_ Initial

Contact Date \_\_\_\_\_ Spoke With \_\_\_\_\_

Notes: \_\_\_\_\_

Action Taken (Completed by Program Specialist): \_\_\_\_\_

Planned Follow Up \_\_\_\_\_

Date Completed \_\_\_\_\_ Code \_\_\_\_\_ Program Specialist (Initial) \_\_\_\_\_

Revised 05/2009