

**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.

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**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.