Office of Student Services

Inclusive Instructional Specialist Request Form

Date of Request:	**Name of School:**
	Select One Amigos

Service Requested by: (Your Name)_____

Grade Level:_____ **CPS email address**: _____

Role/Title:

☐ General Educator ☐ Special Educator ☐ Psychologist ☐ Principal ☐ Other:

Request is specific to (check all that apply)

☐ Whole Class ☐ Student(s) on IEP / 504 ☐ Student(s) not an IEP

_____**Date Principal/Assistant Principal informed of request** *(Whole Class or Non-IEP/504 students)*

_____**Date Team Chair/ Psychologist informed of request** *(IEP/504 students)*

Request: Observation and assistance with (check all that apply):

- ☐ **Consultation/ Collaboration**
- ☐ **Schedules/ Routines**
- ☐ **Model Instructional Strategy/ Lesson**
- ☐ **Differentiated Instruction**
- ☐ **Professional Development**
- ☐ **Other**
- ☐ **Disability Awareness**
- ☐ **Environmental Support**
- ☐ **Co-Teaching Approaches**
- ☐ **Adaptations of Curriculum/ Materials**
- ☐ **Executive Functioning**

Describe the area of support/concern, please be as specific as possible:

Strategies/Interventions currently in place: *(Please include specific strategies/interventions and who is responsible for implementation.)*
Indicate any times of day/activities where challenges tend to be <u>most difficult</u>: **Indicate any times of day/activities where students tend to be the <u>most successful</u>:**
Principal/Assistant Principal input: (if applicable):

- **Please attach any relevant documentation, including class schedule.**
- **Requests will be reviewed by Karyn Grace, OSS Coordinator.**