



A PROGRAM ADMINISTERED BY THE OFFICE OF MARY C. BARLOW
Kern County Superintendent of Schools

REQUEST FOR PROGRAM SPECIALIST SUPPORT

Special Education Administrator: _____

District: _____ Date: _____

Work #: _____ Mobile #: _____ Email: _____

Indicate type of request below:

Classroom observation/consultation/support

Teacher/Service Provider: _____

Site: _____ Classroom Type/Assignment: _____

Work #: _____ Email: _____

Describe support requested:

Describe site and district-level strategies and supports provided thus far:

Identify specific objectives to be accomplished:

[] Workshop presentation

Type of workshop: _____

Location: _____ Participant #: _____

Identify specific objectives to be accomplished:

Date received: _____ PS assigned: _____

Contact date: _____ Contact: _____

Notes:

Action plan:

Time frame for completion: _____

Approval: _____ Date: _____

Completion date: _____ PS: _____

Final approval: _____ Date: _____

Fax completed request to Julianna Gaines, Executive Director at (661) 636-4810
or email jugaines@kern.org.