

SCHOOL DISTRICT/AGENCY:

SCHOOL YEAR:

<p>What are the specific concerns presented to the OSDE?</p>		
<p>What documents substantiate the presented concerns (please attach)?</p>	<p>Phone Log Written Complaint Email Investigative Report Other:</p>	
<p>Was the district referred for a selective review by an individual, organization, outside agency, or other OSDE division?</p>	<p>No Yes If yes, please indicate:</p>	
<p>What additional information is needed to determine necessity and level of technical assistance?</p>		
<p>Based on the information obtained, what action is recommended?</p>	<p>No further action necessary On-Site Review Provide Technical Assistance Regional Professional Development Other:</p>	
<p>OSDE-SES Staff Making Recommendation:</p>		
NAME:	SIGNATURE:	DATE:
NAME:	SIGNATURE:	DATE:
NAME:	SIGNATURE:	DATE:
NAME:	SIGNATURE:	DATE:

OSDE-SES reserves the right to conduct a selective review based upon various sources of information. At any time, a staff member of the OSDE-SES may initiate this process.