SCHOOL DISTRICT/AGENCY: **SCHOOL YEAR:**

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

OSDE-SES Staff Making Recommendation:		
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.