

**LPS SPECIAL EDUCATION SUPPORT TEAMS AND/OR
PROFESSIONAL COLLABORATION REQUEST FORM**
Department of Special Education
Lincoln Public Schools
Lincoln, Nebraska

School: _____

<u>Request for Student Support</u>	<u>Request for Professional Collaboration</u>
Student: _____ Verif: _____ Age: _____ Grade: _____ ECSE: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Briefly describe the students strengths and needs: What assessments, interventions and/or assistive technology options have been used: Results of previously used assessments, interventions and assistive technology options.	Staff: _____ Position: _____ Grade Level: _____ What curriculum topics would you like to address? What instructional strategies would you like to address: What assessments would you like to address?

Check Priority Areas for Support

- | | |
|--|---|
| <input type="checkbox"/> Assessment (Curriculum, ABLLS, NeSA)
<input type="checkbox"/> Assistive Technology: Communication, Literacy, Motor, Vision, Equipment, Other: _____
<input type="checkbox"/> Behavior Management
<input type="checkbox"/> Communication System
<input type="checkbox"/> Curriculum Modifications: Reading, Math, Writing, Other: _____
<input type="checkbox"/> Family Support
<input type="checkbox"/> Functional Behavioral Assessment
<input type="checkbox"/> Functional Curriculum
<input type="checkbox"/> Locate Materials/Resources
<input type="checkbox"/> MDT/IEP Processes | <input type="checkbox"/> Para-Educator Support
<input type="checkbox"/> Progress Monitoring: IEP Goals, Probes, Chart
<input type="checkbox"/> Scheduling: Para-Educators, Teachers, Students
<input type="checkbox"/> Sensory Strategies
<input type="checkbox"/> Service Delivery: CoTeach, Consult & Special Class
<input type="checkbox"/> Social Skills
<input type="checkbox"/> SRS Process, Forms
<input type="checkbox"/> Staff Development Topic: _____
<input type="checkbox"/> Structure: Work System, Visual Schedules/ Strategies, Physical Environment, Other: _____
<input type="checkbox"/> Student Engagement and Motivation
<input type="checkbox"/> Other: _____ |
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Additional comments may be added to back of form.

Please print name and email of staff involved. If student request, note student's team. If staff request, note staff only.

Administrator _____ / _____ @lps.org	OT: _____ / _____ @lps.org
IEP/IFSP Manager: _____ / _____ @lps.org	PT: _____ / _____ @lps.org
Resource Teacher: _____ / _____ @lps.org	Vision: _____ / _____ @lps.org
Classroom Teacher: _____ / _____ @lps.org	Other: _____ / _____ @lps.org
SLP: _____ / _____ @lps.org	Other: _____ / _____ @lps.org

Return to Mary Ells, LPSDO Box 51 or Fax 436-1899

ST Received Date ____/____/____ **Contact Date** ____/____/____ **Visit Date** ____/____/____ **ST MBR** _____ **Other** _____