



**Alabama State Department of Education
 Gifted Education Services
 Technical Assistance Documentation**



LEA/Group: _____

Name/Position: _____

Region: _____

Area of Technical Assistance Requested:

- | | |
|---|---|
| <input type="checkbox"/> Alabama Administrative Code | <input type="checkbox"/> Gifted Responsibilities |
| <input type="checkbox"/> Child Find Activities | <input type="checkbox"/> Compliance Monitoring |
| <input type="checkbox"/> Second Grade Child Find | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Standard Referrals | <input type="checkbox"/> Parent Advocacy |
| <input type="checkbox"/> Public Notice | <input type="checkbox"/> Gifted Education Plan |
| <input type="checkbox"/> In-Service Training | <input type="checkbox"/> Child Count |
| <input type="checkbox"/> Placement/Service Delivery Options | <input type="checkbox"/> Eligibility |
| <input type="checkbox"/> Disproportionality | <input type="checkbox"/> Administrators' Training |
| <input type="checkbox"/> Curriculum | <input type="checkbox"/> Annual Reports |
| <input type="checkbox"/> Differentiation | <input type="checkbox"/> Data Analysis |
| <input type="checkbox"/> Gifted Standards | <input type="checkbox"/> LEA Plan for Gifted |
| <input type="checkbox"/> Twice Exceptional | Other (Please specify) |

Type of Technical Assistance Requested:

On-site Presentation
 Phone Conference
 Webinar

Email
 Face-to-Face meeting
 Training/PD

Additional Information:

This request for technical assistance has been submitted by:

 Signature of LEA Staff Member

 Date

Submit Form