



## Technical Assistance Form

Office of School Improvement

**District:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**School:** \_\_\_\_\_ **Arrival Time:** \_\_\_\_:\_\_\_\_ **Departure Time:** \_\_\_\_:\_\_\_\_

**Instructional Focus Points:**

- |   |  |
|---|--|
| <input type="checkbox"/> Classroom observations   | <input type="checkbox"/> School Leadership Team            |
| <input type="checkbox"/> Administrator feedback   | <input type="checkbox"/> District Leadership Team          |
| <input type="checkbox"/> Early warning indicators | <input type="checkbox"/> Professional Learning Communities |
| <input type="checkbox"/> Data (Academic/Behavior) | <input type="checkbox"/> CSI/ATSI/SIG Plan Review/Budget   |
| <input type="checkbox"/> MTSS                     | <input type="checkbox"/> Individual Reading Plans (IRPs)   |

**Overall Comments:**

**Action Steps to be Taken:**

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*MDE Representative*

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*School/District Representative*