Education Equity Logo**ODE Logo**

**REQUEST FOR PROFESSIONAL DEVELOPMENT, TECHNICAL ASSISTANCE OR COACHING**

Thank you for contacting the Oregon Department of Office of Equity, Diversity and Inclusion to conduct a professional development, technical assistance or coaching activity in your school or district. Upon completion, please return this form to your contact person at the Equity Unit to begin planning your activity.

**Contact information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization/School district:** | | **Date submitted:** | |
| **Director/Superintendent’s name:** | | | |
| **Contact name:** | **Position:** | | |
| **School:** | **Address**: | | |
| **City:** | **State:** | | **Zip:** |
| **Phone:** | **Email:** | | |

**Background**

|  |
| --- |
| **1. Previous equity professional development, Technical Assistance, or Coaching activity:** |
| **2. Percent of students by gender, race, language groups:** Upload or Attach District/School Demographic Profile |
| **3. Percent of students receiving Free/Reduced Lunch:** **%** |
| **4. Percent of Students with Disabilities:** **%** |
| **5. Percent of Students receiving Special Education Services:** % on504 Plan      % on IEP |
| **6. Percent of Students who are English learners, by grade level:** **%** |
|  |
| **7. Percent of staff by gender and race:**   | Gender: | **Male** | **%** | **Female** | **%** | | --- | --- | --- | --- | --- | | Race: | **African-American** | **%** | **Caucasian** | **%** | |  | **American Indian/Alaska Native** | **%** | **Pacific Islander** | **%** | |  | **Hispanic** | **%** | **Asian** | **%** | |  | **Other** | **%, please indicate other languages spoken:** | | | |

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**ACTIVITY INFORMATION**

***Please complete all fields below.*** *Your responses will help our team plan activities to achieve the objectives you desire. If you need assistance completing this form, please contact our office at*

*503-947-5601. Use additional pages as needed.*

**Activity Information:**

|  |
| --- |
| **Activity:** |
| **Requested date(s) and time(s) of training:** |
| **Location (building, street address):** |

***Required: Please identify the school/district administrator who will be present for the duration of the activity.***

| ***Name:*** | ***Title:*** |
| --- | --- |

**Participants:** **Please estimate the number of participants you expect to attend this event.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Administrators** | **Teachers** | **Community/Parents** | **Counselors** | **Classified staff** | **Board Members** | **Students** |

|  |
| --- |
| **1. Objective(s):** **What do you want participants to be able to do or know as a result of this activity?** |
| **2. Need: What data did you use to determine this to be a need?** |
| **3. Impact: What impact on stated objectives do you expect from this activity?** |