



**Los Angeles County
Office of Education**

Serving Students ■ Supporting Communities ■ Leading Educators

**Head Start and Early Learning Division
Technical Assistance Request**

Date Received

Please Email completed form to: HSELTrainingTeam@lacoed.edu

Request Time Frame: ☐ Urgent ☐ Non-Urgent

AGENCY NAME		CONTACT NAME	
TELEPHONE NUMBER		EMAIL ADDRESS	
PROGRAM OPTIONS (CHECK ONE) <input type="checkbox"/> Center Based <input type="checkbox"/> Home Based <input type="checkbox"/> Family Child Care (FCC)		PROGRAM TYPE (CHECK ONE) <input type="checkbox"/> EHS <input type="checkbox"/> HS	
INITIATED BY <input type="checkbox"/> Delegate Agency <input type="checkbox"/> Grantee/LACOE <small>When request initiated by LACOE, staff will determine TA Outcomes and all resources must be noted in OPRA</small>			
REQUESTED BY (PERSON COMPLETING REQUEST FORM)			
SERVICE AREA(S) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Education</div> <div style="width: 50%;"><input type="checkbox"/> Health</div> <div style="width: 50%;"><input type="checkbox"/> MTSS</div> <div style="width: 50%;"><input type="checkbox"/> Mental Health</div> <div style="width: 50%;"><input type="checkbox"/> Disabilities</div> <div style="width: 50%;"><input type="checkbox"/> Nutrition</div> <div style="width: 50%;"><input type="checkbox"/> Facilities</div> <div style="width: 50%;"><input type="checkbox"/> Fiscal</div> <div style="width: 50%;"><input type="checkbox"/> ERSEA</div> <div style="width: 50%;"><input type="checkbox"/> ChildPlus</div> <div style="width: 50%;"><input type="checkbox"/> FCE</div> <div style="width: 50%;"><input type="checkbox"/> Community Outreach</div> </div>			
DESIRED DATE OF COMPLETION			
FOCUS AREA <small>Excluding areas of non-compliance, TA outcomes are finalized in collaboration with LACOE Staff.</small>		<input type="checkbox"/> Non-Compliance/Monitoring Finding <input type="checkbox"/> Tier 1 (Agency) On-going Monitoring Results <input type="checkbox"/> Data Analysis Action Plan <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Quality Improvement Plan (QIP)/Next Steps <input type="checkbox"/> Tier 2 (Grantee) On-going Monitoring Results <input type="checkbox"/> Funding Application			
BRIEF BACKGROUND <small>From the need identified (above) briefly explain: contributing factors that got us to this point, any trends, need(s), and changes in agency etc.</small>			
AGENCY CHALLENGE(S) <small>What are the current challenges or obstacles associated with the need?</small>			
DESIRED TA OUTCOMES <small>TA requires a customized analysis of the request and can include intervention, implementation of appropriate strategies, and maintenance of long-term relationships to support and leverage success.</small>			
LENGTH & TIME OF TECHNICAL ASSISTANCE <input type="checkbox"/> Half Day <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day <input type="checkbox"/> Lunch Break Duration _____		TIME OF TRAINING Start Time: _____ End Time: _____	
DELEGATE AND/OR GRANTEE PARTICIPANTS REQUIRED TO ATTEND AND SUPPORT IN MEETING TTA OUTCOMES <small>DA, list all members of leadership and service areas needed...LACOE, list all members of leadership and service areas needed</small>			
ADDITIONAL INFORMATION			
SIGNATURE OF AGENCY DIRECTOR		DATE SIGNED	

LACOE Use Only

☐ Requires modification (Specify) _____ ☐ Denied (Rationale) _____

ASSIGNED TECHNICAL ASSISTANCE PROVIDER	DATE SIGNED
PROGRAM MANAGER APPROVAL	DATE SIGNED