Detroit Public Schools Office of Student Specialized Services

REQUEST FOR RCT ASSISTANCE

School: _____ Principal's Name: _____

Contact Person: _____ Date: _____ Phone #: _____

CHECK TYPE OF SUPPORT REQUESTED	Date of Service Requested	FOR OFFICE USE ONLY: (Dates Rendered, Number of Staff Involved)
1. Provide additional Professional development **Specify:** ❑ **Provide specific RCT content information** ❑ **Teaming** ❑ **Child development** ❑ **Age level expectations** ❑ **Operational procedures** ❑ **Problem-solving**		
☐ **2. Assist with the design and implementation of an intervention or program**		
☐ **3. Collaborate with administration**		
☐ **4. Support in strengthening parent involvement in RCT**		
☐ **5. Attend RCT Meeting for support**		
☐ **6. Attend Staff Meeting for support**		
☐ **7. Support in using the School Improvement Plan to guide the work of the RCT**		
☐ **8. School Wide / Global Issues**		
☐ **9. Other**		

Please comment on any additional support needed:

_____

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_____

To Building Staff: Please give this form to an RCT Intervention Team Member or send directly to:

OFFICE OF SCHOOL SOCIAL WORK (Attention: Arezell Brown)
Longfellow Annex – Room 247 Office # - 866-0484 Fax# - 252-9995
13141 Rosa Parks Blvd. Detroit, MI 48238 E-mail: arezell.brown@detroitk12.org