

PROJECTED NEEDS FOR SERVICES

Name and title of person submitting this data: _____

School/District: _____ Date: _____

| SERVICES PROVIDED BY ESA | Days per week | Total days per year |
|------------------------------|---------------|---------------------|
| • School Psychology Services | | |
| • Speech Therapy | | |
| • Counseling Services | | |
| • Occupational Therapy | | |

Please indicate if there is a need or interest in the following areas:

| POTENTIAL SERVICES PROVIDED BY ESA | Needed |
|--------------------------------------|--------|
| • Nursing | |
| • AZ Standards Trainings | |
| • Teaching Reading Effectively (K-3) | |
| • LETRS (K-3) | |
| • Education Counseling | |
| • Gifted Teacher | |
| • Hearing Officer Training | |
| • Information Technology Services | |
| • Physical Education Teacher | |
| • Special Education Teacher | |
| • Technology Services | |
| • Visions Software Training | |
| • Hearing/Vision Impaired Instructor | |
| • Sign Language Interpreter | |
| • Autism Instructor | |
| • Behavioral Specialist | |
| • Business Manager | |
| • Other | |

Upon completion of the form, please return by fax, mail, or electronically. If you have any questions regarding completion of this form, please contact Samantha Abramowitz at 928-679-8054.

Please return no later than July 31, 2017 to:

Samantha Abramowitz
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 2384 N. Steves Blvd.
 Flagstaff, AZ 86004
 Phone (928) 679-8054
 Fax (928) 679-8078

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