



REQUEST FOR ASSISTANCE

Personal Information: *(choose at least one)*

First Name:	Last Name:
Agency/District:	
Address:	Address 2:
City/Town:	State/Province:
Zip/Postal Code:	County:
Date: ____/____/____	Email:
Phone <i>(work)</i> :	Phone <i>(cell)</i> :
Parent:	Professional <i>(Job Title optional)</i> :

I would like:

<input type="checkbox"/> Additional information <i>(books, videos, resource packets, articles, web sites, etc.) on...</i>
<input type="checkbox"/> Facilitation of a team meeting on...
<input type="checkbox"/> On-Site workshop for staff on...
<input type="checkbox"/> Parent meeting on...
<input type="checkbox"/> Classroom observation and meeting with staff on...
<input type="checkbox"/> Telephone or Email support/consultation on...
<input type="checkbox"/> Facilitation of study group on...
<input type="checkbox"/> Other...



Complete and return this form to **STAR NET Region II**
 2626 South Clearbrook Drive, Arlington Heights, IL 60005
 Phone: 224-366-8579 Fax: 847-278-5434
 Email: starnetregionii@cntrmail.org