



45 DAY CONSULTANT REQUEST 2018-2019

Instructions: Complete sections 1 and 2 (use a different form for each program/project) and send to the Research Department.

SECTION 1: Requestor Information

Date Site/School

Requestor's Name Requestor's Title

Contact Phone Contact e-mail

SECTION 2: Assignment Details

CAASPP
 ELPAC
 MAP
 AP
 Other/Dept:

Date of training provided by site: Time: Hour(s) per day

Date of Assignment: Time: Hour(s) per day

Describe how the consultant will assist with the assignment (description must align with 45 day consultant guidelines):

Additional Notes/Special Requests:

45 Day Consultant Guidelines:

- Consultants' work assignment is on behalf of the District
- Consultants should only work in a supporting role (not as a substitute teacher, program coordinator, etc.)
- If assignment(s) change from the original request, notify the Research Department for approval.
- Consultants' working hours: 1 day at an **elementary school site is 6 hours**; 1 day at a **high school site is 7 hours**; 1 day at a **department is 8 hours**.

Consultants will receive their assignment from the Research Department; please **do not independently arrange placement with the 45 day consultants SECTION 3: To Be Completed by the Research Department**

Date Request Received:

Approved dates:

Approved
 Denied
 Initials: _____
 Date: _____
 Notes: _____

Consultant	Contact	Research Confirmed	Consultant	Contact	Research Confirmed
		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N

Confirmation sent to Requestor: E-mail
 Phone
 Fax
 Mail
 Initial & Date: _____