SELPA/Regional Lead Application

OPEN ACCESS

Name of SELPA: _____

☐ Single District SELPA ☐ Multi District SELPA # of LEAs: _____ # of Charters: _____

SELPA Administrator: _____

Phone: _____ Email: _____

Are there other county/regional/LEA administrators partnering in this application? ☐ No ☐ If Yes:

Name/Title: _____

Agency: _____

Phone: _____ Email: _____

Name/Title: _____

Agency: _____

Phone: _____ Email: _____

Initiatives

Is your SELPA engaged in any of the following State System of Support activities? (check all that apply):

- ☐ Supporting Inclusive Practices (SIP)
- ☐ South County SELPA – Equity and Disproportionality
- ☐ Imperial County SELPA – Students with Disabilities and English Learners
- ☐ Marin County SELPA – CAPTAIN and Evidence Based Practices
- ☐ SELPA System of Improvement Lead: El Dorado County, Riverside County, West San Gabriel SELPAs
- ☐ Geographical Lead Agency: _____/COE

MTSS: Number of LEAs in your SELPA who participated in the California SUMS Initiative/and are in the process of building MTSS: _____ What is your SELPA and/or COE's involvement in building or supporting MTSS?

UDL: Number of LEAs in your SELPA who have participated in district-wide or site-wide training on Universal Design for Learning: _____ Describe what that has looked like (e.g. F2F, with coaching, PLCs, Book Studies):

What is your SELPA and/or COE's involvement in building or supporting UDL Implementation?

PLACER COUNTY SELPA
SPECIAL EDUCATION LOCAL PLAN AREA

Building Tiered Supports for Augmentative & Alternative COMMUNICATION

Briefly describe why this project interests and is a good match for your team.

What does an AAC assessment currently look like in your SELPA or region?

What does AAC service delivery, including procuring appropriate AAC resources and tools, look like in your SELPA or region?

What are your needs/challenges in building communication competence for students with complex communication needs?

Describe how you will build capacity to support other SELPAs/COEs/LEAs in your region also interested in building a tiered model for AAC service delivery.

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Who are your potential trainers/coachers for this project?

#1 Name:	Employer:
Current Job Title and Responsibilities:	
Training, skills, experiences or special qualifications that will equip this individual to participate in this trainer/coach role:	
#2 Name:	Employer:
Current Job Title and Responsibilities:	
Training, skills, experiences or special qualifications that will equip this individual to participate in this trainer/coach role:	
#3 Name:	Employer:
Current Job Title and Responsibilities:	
Training, skills, experiences or special qualifications that will equip this individual to participate in this trainer/coach role:	
#4 Name:	Employer:
Current Job Title and Responsibilities:	
Training, skills, experiences or special qualifications that will equip this individual to participate in this trainer/coach role:	
#5 Name:	Employer:
Current Job Title and Responsibilities:	
Training, skills, experiences or special qualifications that will equip this individual to participate in this trainer/coach role:	
#6 Name:	Employer:
Current Job Title and Responsibilities:	
Training, skills, experiences or special qualifications that will equip this individual to participate in this trainer/coach role:	

Please submit you application to: Jillian King @ jking@placercoe.k12.ca.us

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