



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

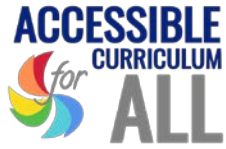
Is your SELPA engaged in any of the following State System of Support activities? (check all that apply):

- ☐ 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 SELPA
☐ SELPA System of Improvement Lead: West San Gabriel SELPA
☐ SELPA System of Improvement Lead: Riverside County SELPA
☐ 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?



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

Describe guidelines you currently have in place around providing Assistive Technology services in your SELPA or region, what do these cover?

What does an AT assessment and service delivery currently look like in your SELPA or region?

What are your needs/challenges in building accessible learning environments for all students?

Describe how you will build capacity to support other LEAs in other SELPAs in your region also interested in building a “capacity-building” AT service delivery model:

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 your application to: Jillian King @ jking@placercoe.k12.ca.us