School: Teacher: Student Name: Grade:

Student ID #: Date requested Time: Contact Person Telephone #: Event Type:

Estimated Time Range of Activity:

Please email requests to [Analy.Cruz-Phommany@rcsdk12.org](mailto:Analy.Cruz-Phommany@rcsdk12.org%20) at least 3 days prior to the event. For referrals related to student and families, please complete the back portion of this sheet, attach supportive documentation and indicate specific needs, services and time of office or home visit. For additional information, view the attached *Representative Activities for Support Form*.

RHA – 3/14/19

**REPRESENTATIVE ACTIVITIES FOR SUPPORT**

(Indicate support needed by marking the applicable boxes below)

Collaborative Home Visits with Building Personnel (Teacher, social worker, psychologist, administrator, etc.)

Provide contact information to families for referrals to human service organizations

Attend and participate in school activities and events

Make phone calls home (at the building)

Support improved attendance initiatives

Provide information to bilingual families regarding upcoming events

Coordinate and conduct “How to Help your Student” workshop for parents

Coordinate and conduct – School selection events for 6 go 7

Any other bilingual parent event as approved by the Director of Bilingual Education

RHA – 3/14/19

Tell us in a brief statement how we can collaborate with you:

. Please attach supportive documentation to your request.

Thank you for your request for support. We will notify you within two business days from the date of receipt.

Department of Multilingual Education

Bilingual Education

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For Office Use Only:

Approved by: \_ Date: HSA

DRT – 10/3/19