**RECAP Teacher Support Request Form**

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| --- | --- |
| Campus |  |
| Teacher |  |
| Grade(s) |  |
| Subject(s) |  |
| Requestor Name and Contact |  |

**Requested Assistance – Classroom (Check all that apply):**

Lesson Planning

Curriculum

Assessment

Instructional Strategies

Student Engagement

Classroom Environment

Classroom Management

Differentiated Instruction

Lesson Cycle

Questioning and Discussion Techniques

Rigor and Relevance

Special Education IEP Adherence

Other:

**Requested Assistance – Non-Classroom (Check all that apply):**

Community Relations

Parent/Student Conferences

Policies and Procedures

Communication Skills

Other:

|  |
| --- |
| What support has been provided to the teacher? |
| Support provided by another teacher/teacher mentor  Support provided by the department chair/lead teacher  Support provided by the administrator  Support provided by the implementation specialist  Feedback and coaching  Other: |
| What seems to be working/not working? |
|  |
| How will you work with the RECAP teacher to support this teacher? |
|  |

**Please send this completed form to Jill Rhodes Pruin at** [**jrhodespruin1@saisd.net**](mailto:jrhodespruin1@saisd.net)**.**