

ILLINOIS STATEWIDE TECHNICAL ASSISTANCE CENTER  
***INTENT TO COMMIT to PARTNERSHIPS***

**Contact Information**

School District: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**District Facilitator for Partnerships Contact:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**District Information**

Elementary                       High School                       Unit

Number of buildings planning to develop Action Plans for Partnerships: \_\_\_\_\_

**Are you currently working with an ISTAC project?**

Yes     No

Check all that apply:

- Illinois Autism Training and Technical Assistance Project (IATTAP)
- Illinois Positive Behavioral Intervention & Supports Network (PBIS)
- Illinois Service Resource Center (ISRC)
- Illinois Statewide Technical Assistance Center for Parents (ISTAC-P)
- Project CHOICES
- Project REACH

**The District Facilitator will attend the District Leadership Institute at the following location:**

Wednesday, September 24,  
Springfield

Thursday, September 25,  
Naperville

**I have read the ISTAC Commitment Agreement and District Action Checklist and would like to consult with ISTAC staff on growing partnerships.**

Signature of Superintendent: \_\_\_\_\_

Signature of District Facilitator: \_\_\_\_\_

**Please mail or fax your intent to:** Merle Siefken • Parent & Educator Partnership  
•25 S. Washington • Suite 106 • Naperville, IL. 60540 • Fax: 630-428-4055