

**Equity Specialist
 Service Referral Form**

Referring Person Name/Position:
Date:
District:
School Contact Person & Address (if different):
Phone Number: Fax Number:
Target Date(s):
Estimated Hours of Service Needed:

Menu of Services

<input type="checkbox"/> Classroom Consultation	<input type="checkbox"/> School or District Wide Consultation
<input type="checkbox"/> Professional Development/Workshop	<input type="checkbox"/> Equity Coaching
<input type="checkbox"/> Program Evaluation	<input type="checkbox"/> Sexuality Education*

All services are billed at \$93/hour for member districts and \$113/hour for non-members.

**Sexuality Education services require 1 additional hour of curriculum individuation and development per hour of class time.*

Equity supports available in the areas of: race, class, disability, LGBTQ and transgender-specific supports, and other areas as needed.

Brief description of supports requested:

 District Administrator

Date: ___/___/___

 SEEM Administrator

Date: ___/___/___