## Extra Curricular Activities Request Form

## Attention!

- > To ensure timely assignment of an Intensive Behavior Interventionist, this form must be received as far in advance of the event or activity as possible.
- > If at all possible, for events or activities in the County, the form needs to be submitted to TCDE two weeks prior for the need of IBI services.
- > If at all possible, for out of county assignments the form needs to be submitted with a TPO four weeks in advance.

Student Name:	
Name of program, activity or event coordinator:	
Contact Number: Phone Nu	ımber:
Date(s) IBI needed:	
Location of program, activity, or event:(Out of county events need a TPO submitted 4 weeks prior)	
For reoccurring events, please provide a brief description of program, activity or event inclusive of frequency and duration (e.g. 1 time per week for 2 hours, for 6 weeks). If a flier or announcement is available, please attach.	
For future events, please specify what the event is:	
Date(s) of the event (if you do not know the specific date, please specify the month the event will occur):	
Check box if more information is to follow:	
Fax completed forms and attachments to: 530-529-4134, Attn: Josh Kuersten, TCDE Special Programs.	
TCDE Office Use Only	
Signature of Supervisor/Coordinator:	Date:
Name of IBI:	Date assigned:
Name of IBI:	Date assigned: