

### **VIDEO RECOMMENDATION CONTACT FORM**

Please submit via email using the link beneath the look-for video, or fax to 724-459-6373.

### **Referral Contact Information**

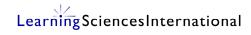
This information will be kept in confidence and will be available to only essential LSI personnel.

Advisor Name	
Work Phone Number	
Specific time frames to be reached	
Other Phone Number	
Specific time frames to be reached	
Email Address	
Content Area	

## **Teacher Contact Information**

This information will be kept in confidence and will be available to only essential LSI personnel.

Teacher Name	
School Phone Number	
Specific time frames to be reached	
Other Phone Number	
Specific time frames to be reached	
Email Address	
Content Area	
Grade Level	
School District	
School Building Name	
School Building Address	
School Building Phone Number	
Building Principal's Name	



# Classroom Demographics

## Teacher

Number of Years Teaching	
Number of Years in Current Assignment	
Certifications	

# Classroom

Number of Students	
Does the classroom represent a diverse population?	