

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?	