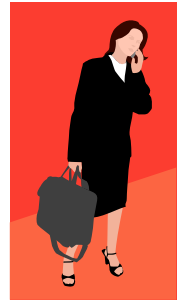


CESA 7 ELL Center

District ELL Onsite Consultation Request Form for ELL Programming



Please complete everything on this form and mail to:

**Patti Mulcahy, ELL Program Assistant**

**Email:** [pmulcahy@cesa7.k12.wi.us](mailto:pmulcahy@cesa7.k12.wi.us)

**FAX:** 920-492-5965

**Phone:** 920-617-5615

**Mail:** 595 Baeten Road, Green Bay, WI 54304

<p>District: _____</p> <p>Date of Request: _____</p>	<p>Contact Name: _____</p> <p>Position: _____</p>
<p>Date of Consultation: _____</p> <p>Building, Room #, and Desired Timeframe of consultation: _____</p> <p>(Please do not schedule presentations to large groups in a cafeteria or auditorium-type setting where the audience might have their backs to the presenter or the chairs cannot be moved.)</p>	<p>Phone: _____</p> <p>Email: _____</p>
<p><b>Specific topic for consultation:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Audience/Participants:</b> <b>(approximate numbers)</b></p> <p>Administrators ____</p> <p>High School teachers ____</p> <p>Middle School teachers ____</p> <p>Elementary teachers ____</p> <p>PK-K teachers ____</p> <p>ELL teachers ____</p>

In order to prevent duplication of previously presented material, please fill in the chart below.

Approximate dates of last two ELL in-service presentations:	Topics covered:	Consultant who presented:

I understand the fees for this service are as follows:

**\$700 for a full day consultation**

**\$360 for half-day or less consultation**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Consultant Name: Mariah Adnane	Date of Consultation:
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