

## **VNOC Consultation Plan of Action**

VNOC Consultant:

School:

VNOC Consultation scheduled for (**day/date**)

### Pre-observation visit

Request (**Name of school division**) to send by (**day, date**): *(List any items you may want the school division to send for your review. See examples below)*

- Sample of goals/objectives related to the student's IEPs especially for language/communication
- Current weekly schedule followed by teacher /instructional assistants and interpreters

### On site:

Have available for review the (**any items you want to see** – e.g., student's record, recent examples of student work as appropriate).

Consultation at (**name of school**) will include: *(Reference the Desired Outcomes section on Service Request and anything you may have discussed specifically with the person designated as your primary contact. This may/not be the Sped Director.)*

*(See examples below)*

- Observation of at least (number) of lessons
- Meeting with teacher/assistants/interpreters (either group or individual) for their input of need
- End of day meeting with staff for preliminary reporting
  - Possibly address strengths/areas of need observed
  - do a clarification of needs to be addressed in report

Written report of consultation will be submitted to (**name of Sped Director**) no later than 25 days from the consultation date.

Consultation Fee: *(This should be the amount negotiated with the Sped Director. You may list this as "not to exceed \$xxx" or a set amount)*

\$XXX – one day visit and written report

Plus travel costs (mileage billed at current state rate of **xxx/mile** and meals and lodging as needed if consultation requires overnight lodging.)

\$XXX – follow up visit if requested by (**Name of School Division**)