

SWAT (Statewide Assistance Team) Request

District:	Date:
District Contact:	Phone:
SWAT requested by (Name of Special Education Director or Designee:)	
Director's Signature:	
Name of USOE TA:	Signature of USOE TA:
Student Name:	Grade Level:
School, Address, Phone Number:	
Brief Description of Need for SWAT: (Please attach copy of current IEP, FUBA, & BIP with supporting data)	

Information below the line to be completed by the USOE TA

SWAT Consultant:	Phone:
Address:	
	Other Information:

Utah State Office of Education
 250 East 500 South, P.O. Box 144200
 Salt Lake City, Utah 84114-4200
 Special Education Services