



EARLY LEARNING COALITION OF LAKE COUNTY
Request for Technical Assistance (TA)

Provider Name: _____ Date: _____

Contact person: _____ Phone #: _____

Email: _____

Requested by: _____ Classroom: _____

Technical Assistance related to:

Curriculum Lesson Plans ITERS ECERS FCCERS

Other (Please describe in details) _____

Type of Technical Assistance Requested:

Phone Email Onsite Staff Meeting

Mail to: Tameka Mays
Early Learning Coalition of Lake County
1300 Citizens Blvd Suite 206
Leesburg, FL 34748

Or Fax: 352-250-4702

Office Use Only:	
Assigned to: _____	Date: _____
TA completed by: _____	Date: _____