



request for Aura visit



School Name _____

Teacher Name _____

Grade _____

Requested Date: _____

Requested Start Time: _____ Requested End Time: _____

Reason for Visit:

- Class-Wide Support _____
- Student-Specific Student Name _____ IEP 504 N/A
- In-Class Out-of-Class (i.e. Walk Aura, Read in Quiet Spot, etc.)

Please describe your request, and the role you would like Aura to play:

Contact Jim Seefeldt for more information at jseefeldt@steilacoom.k12.wa.us

Jim's Confirmation Response

Pre-Visit Date: _____ Pre-Visit Time: _____

Visit Date: _____ Visit Start Time: _____ Visit End Time: _____