

**MISSISSIPPI DEPARTMENT OF EDUCATION – BUREAU OF PROGRAM EVALUATION  
TECHNICAL ASSISTANCE REQUEST FORM**

Revised 5/11/15

**TO BE COMPLETED BY REQUESTING OFFICE**

<b>Requesting Office</b>	
<b>Office Contact(s)</b>	
<b>Technical Assistance Request (Short Title)</b>	

Description of Technical Assistance Request from Requesting Office:

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Estimated Duration of BPE Assistance (please indicate final due date):

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**TO BE COMPLETED BY BUREAU DIRECTOR OF REQUESTING OFFICE**

*I have reviewed this technical assistance request and confirm the validity of its contents, and affirm the need for assistance.*

Yes. If yes, deliver this form to the Office of Educational Accountability (Suite 307).

No.

**Bureau Director Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
*(or above)*

**TO BE COMPLETED BY OFFICE OF REPORTING / PROGRAM EVALUATION**

<b>Staff Assigned</b>		<b>TA #</b>
<b>Internal Completion Date</b>		

Additional Notes:

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*I have reviewed this technical assistance request and affirm that the scope of work is allowable for the Bureau of Program Evaluation.*

Yes. If yes, deliver this form to the Bureau of Program Evaluation (Suite 307) and a copy to the requesting office.

No. If no, deliver this form to the requesting office for record.

**Director, Office of Reporting and Program Evaluation** \_\_\_\_\_ **Date** \_\_\_\_\_