

**CONFIRMATION**  
**Your ECHO IST Service has been scheduled**

To: \_\_\_\_\_ Position: \_\_\_\_\_

School/District: \_\_\_\_\_

Date: \_\_\_\_\_

❖ This notice confirms the IST service you requested has been scheduled.

Date(s): \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Service Topic/Title \_\_\_\_\_

Appointed IST Person(s): \_\_\_\_\_

Site-based Contact: \_\_\_\_\_

*IST services are designed to be interactive and to model for audiences the "best practices" of intervention designs and techniques. We request your assistance by completing the checklist of items necessary to facilitate the presentation.*

Thank you for assisting to make this a professional and worthwhile presentation.  
If you have any questions, please contact:

\_\_\_\_\_  
**PHONE:** 841-0432

**ECHO  
IST TEAM**