



TOURO COLLEGE

*School of Education, Graduate Division
Lander Center for Educational Research*

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EQUITY ASSISTANCE CENTER REQUEST FOR SERVICES

Date: _____

CONTACT INFORMATION

Name: _____

Title/Position: _____

District: _____ **School:** _____

Address: _____

City: _____ **Zip:** _____

Phone: _____ **Email** _____

How did you hear about the EAC? _____

What is the problem you would like to address?

Is the problem district-wide or localized in a specific school(s)?

What kind of assistance are you looking for?

Please attach documents that would be helpful to us

REASON FOR INQUIRY

Equity Focus: Race _____ Gender _____ National Origin _____

Priority Area: _____ Disproportionality _____ Drop Out Prevention

_____ ELLs _____ Teacher Quality

Authorized Signature: _____

The Equity Assistance Center is a collaboration of the Lander Center for Educational Research
and

