

PaCE Support Request Form

To request Postsecondary and Career Expectations (PaCE) support, return a completed PaCE Request Form no more than six (6) months and no less than four (4) weeks prior to the event. Submit your completed PaCE Request Form to:

Division of College Access and Outreach Illinois Student Assistance Commission

FAX: 847-831-8508

E-mail: <u>isac.pace@illinois.gov</u>

		SECTION I – Logistic	:s	
Organization:		-		
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Event Location:	Street Address		Building/Room Number	
	City		State Z	ip Code
Event Contact:	vent Contact: First Name		Last Name	
	Title Sch		School/Organization	
	()			
	Area Code & Phone Number & Extension Email Address (required)			
Pace Overv Act legislatio your own sch ISAC (availal Pace Frame creation of th the team in c school/distric team is requi	iew (1-2 hrs.) - This session, an in-depth explanation of nool/district specific PaCE alique in person or via webinary ework Development Work peir own PaCE aligned frame order to build consensus and the team will receive a formative in order to schedule a via consensus and the cons	of the PaCE framework, the gned framework, as well a gned framework, as well a shop (3+ hrs.) - This wo ework. During the workshop develop their own frameworkshop. a.m.	e steps involved with of s PaCE support and reserved and reserved as schools, an ISAC facilitator work. Upon completion work from ISAC as a f	esources available through I/district team through the will lead a discussion with of the workshop, the
Event Date:	Start T	ime: p.m.	End Time:	p.m.
Anticipated N	lumber of Attendees: [☐ Under 10 ☐ 10-20 ☐	20-30 🗆 30-40	☐ Other
Audience (sel	ect all that apply):			
☐ Counselors	☐ Principals	☐ Administrators		
☐ Teachers	☐ Superintendents	☐ Other:		
		For ISAC Use Onl	у	
RF Received	Recorded in OD	Staff Assigned	Confirme	ed OD Complete