



Killeen Independent School District Specialized Learning Contacts List *Campus Information*

IEP Facilitator

Name: _____

Phone Number: _____

Email: _____

General Education Teacher:

Name: _____

Phone Number: _____

Email: _____

Specialized Learning Teacher:

Name: _____

Phone Number: _____

Email: _____

Speech/Language Therapist & Assistant

Name: _____

Phone Number: _____

Email: _____

Name: _____

Phone Number: _____

Email: _____

Occupational Therapist & Assistant:

Name: _____

Phone Number: _____

Email: _____

Name: _____

Phone Number: _____

Email: _____

Diagnostician:

Name: _____

Phone Number: _____

Email: _____

Licensed Specialist and School Psychologist (LSSP)

Name: _____

Phone Number: _____

Email: _____

Physical Therapist:

Name: _____

Phone Number: _____

Email: _____

Additional Resources:

Name/Title: _____

Phone Number: _____

Email: _____

Name/Title: _____

Phone Number: _____

Email: _____

Name/Title: _____

Phone Number: _____

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Name/Title: _____

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Additional Resources:

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