



# Florida State University Center for Autism & Related Disabilities Information Update Sheet



Client Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

(C) \_\_\_\_\_ Email: \_\_\_\_\_

May we leave a voice message?  Yes  No

If so, which number(s)  Home  Work  Cell

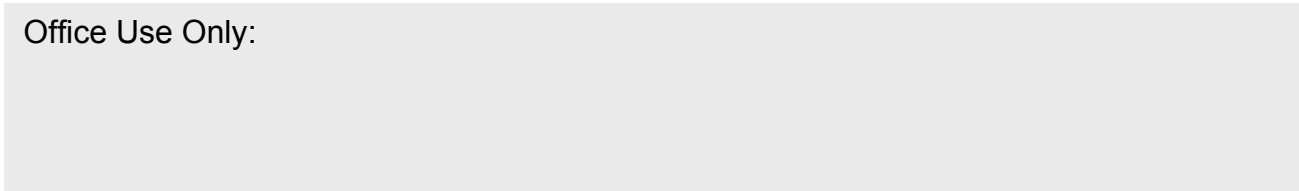
Client's School (if applicable): \_\_\_\_\_

Teacher(s) (if applicable): \_\_\_\_\_ Grade: \_\_\_\_\_

Client's Employment (if applicable): \_\_\_\_\_

\_\_\_\_\_

Office Use Only:





Florida State University Center for Autism  
& Related Disabilities  
Permission to Observe &  
Exchange Information



I hereby authorize & request the Florida State University Center for Autism and Related Disabilities permission to observe CARD client, \_\_\_\_\_

I hereby authorize & request the Florida State University Center for Autism and Related Disabilities permission to exchange information about the CARD client listed above with the **school, agencies, and individuals** listed below. I also grant the agencies listed below permission to exchange information and release educational, medical, psychological, psychiatric, or other records to the Florida State University Center for Autism and Related Disabilities.

**Please list below individuals and agencies with whom CARD may exchange information:**

**School(s)/County School Systems:**

\_\_\_\_\_  
\_\_\_\_\_

**Doctor(s):**

\_\_\_\_\_  
\_\_\_\_\_

**Other agencies/therapists/specialists:**

\_\_\_\_\_  
\_\_\_\_\_

**Other family members:**

\_\_\_\_\_  
\_\_\_\_\_

**Was your child ever a client of the FIRST Words Project?**     Yes     No

**Do you give consent to share information?**     Yes     No

\_\_\_\_\_  
(Signature of Legal Guardian or Adult Client if 18 or older)

\_\_\_\_\_  
(Date)

I understand that I may revoke this authorization at any time



## WHAT FSU CARD CAN DO?



All of CARD services are **FREE** of charge.

FSU CARD has a small staff serving many children and adults. We try to accommodate requests when at all possible. It is our pleasure to serve the Big Bend area and we look forward to working with you.

- Provide short-term consultative services appropriate to home, school, or community upon request.
- Provide training on a variety of topics related to autism. For a specific training request, contact CARD Office at (850) 644-4367
- Provide a free **library** with books on autism, communication, behavior, educational issues and more. You may check out as many as three books for 30 days at a time. View our catalog at <http://autism.fsu.edu>.
- Provide consultation and materials for developing **visual supports** (schedules, social stories, etc.). Please contact the CARD Office at (850) 644-4367 to schedule a visit.
- Offer a website and newsletter which describe **upcoming trainings**, and **conferences**. View our site at <http://autism.fsu.edu>.
- Provide a weekly **electronic newsletter** listing upcoming **events** and **trainings** in the area. If you would like to be added to our email list, contact Karen Robins at [karen.robins@med.fsu.edu](mailto:karen.robins@med.fsu.edu).
- We do not routinely go to **IEP or Staffing meetings**. When we are actively involved with a CARD client, **we can go to team meetings** involving members such as the teacher, parent, therapists, and employer.
- If you need to talk further with CARD staff or if you have some additional needs, please call CARD at (850) 644-4367 or toll free at (800) 769-7926.

## WHAT FSU CARD CANNOT DO?

CARD **does not** provide direct services such as **therapy, ongoing behavioral interventions, diagnosis or respite care**.