Technical Assistance Request Form for School Agency



Thank you for your interest in receiving CARD services. CARD serves individuals with Autism Spectrum Disorder, Autistic-like Disorder, Dual Sensory Impairments, or Sensory Impairments (vision and/or hearing) with other disabling conditions. CARD services are free of charge.

All requests will be reviewed by administration and assigned to the appropriate professional(s).

Technical Assistance (TA): Assistance given to classroom/agency staff, support staff, or administration in a variety of areas including instructional strategies, behavior management, communication training, etc.

Today's Date:			
Preferred days and times for consultation	:		
School/Agency initiated request for technical assistance/consultation.		I give permission for the school and CARD to collaborate, exchange information, and for CARD staff to observe my child.	
Family initiated request for observation and collaboration.		Χ	arent/Guardian Signature
		P	rarent/Guaraian signature
Name of School/Agency:		County:	
Name and title of contact at school/age	ency:		
School/Agency contact number and em	nail address:		
Technical assistance/consultation is req	juested for:		
□Individual Student(s)/Client(s)		☐ Entire School or Program	
□Specific Classroom(s)			
Type of Technical Assistance needed:			
☐ Accommodations and Supports	□ Curriculum		☐ Inclusion Strategies
☐ Behavior Strategies	□Environment	tal Arrangement	Other:
Name of child (if applicable): (Requires Parent Permission)			
Teacher's name and email address:			
Name & title of administrator (required):			on for CARD to observe in the school and orate with school faculty & staff.
			Administrator Signature



Please complete all information, fax the form to (850) 921-0214 or email to autism@med.fsu.edu and forward a copy to your district ESE Director

CARD-Florida State University 2308 Killearn Center Boulevard Building B Tallahassee, FL 32309 1.800.769.7926 or 850.644.4367 FAX 850.921.0124

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OFFICE USE ONLY
Date received:
Date assigned:
Assigned to:
Outcome: