

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:	
<input type="checkbox"/> School/Agency initiated request for technical assistance/consultation. or <input type="checkbox"/> Family initiated request for observation and collaboration.	<p style="text-align: center;"><i>I give permission for the school and CARD to collaborate, exchange information, and for CARD staff to observe my child.</i></p> <p style="text-align: center;">X _____ Parent/Guardian Signature</p>
Name of School/Agency:	County:
Name and title of contact at school/agency:	
School/Agency contact number and email address:	
Technical assistance/consultation is requested for: <input type="checkbox"/> Individual Student(s)/Client(s) <input type="checkbox"/> Entire School or Program <input type="checkbox"/> Specific Classroom(s) Type of Technical Assistance needed: <input type="checkbox"/> Accommodations and Supports <input type="checkbox"/> Curriculum <input type="checkbox"/> Inclusion Strategies <input type="checkbox"/> Behavior Strategies <input type="checkbox"/> Environmental Arrangement <input type="checkbox"/> Other: _____	
Name of child (if applicable): (Requires Parent Permission)	
Teacher's name and email address:	
Name & title of administrator (required):	<p style="text-align: center;"><i>I give permission for CARD to observe in the school and collaborate with school faculty & staff.</i></p> <p style="text-align: center;">X _____ Administrator Signature</p>



Please complete all information, fax the form to (850) 644-3644 or email to autism@med.fsu.edu and forward a copy to your district ESE Director

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OFFICE USE ONLY

Date received:	
Date assigned:	
Assigned to:	
Outcome:	