

Training Request Form

Thank you for your interest in receiving training provided by the Florida State University Center for Autism & Related Disabilities (CARD). In order to ensure that we accommodate your request, please submit requests in a timely manner. All requests will be reviewed by administration and assigned to the appropriate professional. CARD services are free of charge but we require a minimum of five people to conduct any requested training.

CARD serves individuals with Autism Spectrum Disorder, Autistic-like Disorder, Dual Sensory Impairments or Sensory Impairments (vision and/or hearing) with other disabling conditions.

Today's date:	Name/Role of person requesting:
Name of agency/school:	County:
Contact person:	Contact number:
Contact email:	

Training Topic(s): (please check)

<input type="checkbox"/>	Overview of Autism Spectrum Disorder (ASD) and/or Related Disabilities	<input type="checkbox"/>	Evidence-Based Methodologies (ex. ABA, Incidental Teaching, TEACCH, PECS, etc.)
<input type="checkbox"/>	Strategies for Inclusion in General Education	<input type="checkbox"/>	Literacy for Individuals with Significant Disabilities
<input type="checkbox"/>	Potty Training	<input type="checkbox"/>	Behavior Skill Development
<input type="checkbox"/>	Communication	<input type="checkbox"/>	Legal Rights
<input type="checkbox"/>	Sensory Issues	<input type="checkbox"/>	Education for Caregivers
<input type="checkbox"/>	Developing Social Competence	<input type="checkbox"/>	Visual and Environmental Supports
<input type="checkbox"/>	Transition to Adult Life	<input type="checkbox"/>	Peer Training
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

Preferred date(s) of event:	Preferred time(s):						
Preferred location:							
Target audience: (circle) <table style="display: inline-table; vertical-align: middle;"> <tr> <td><input type="checkbox"/> Educators</td> <td><input type="checkbox"/> Providers</td> </tr> <tr> <td><input type="checkbox"/> Caregivers</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Individuals with ASD or related disability</td> </tr> </table>	<input type="checkbox"/> Educators	<input type="checkbox"/> Providers	<input type="checkbox"/> Caregivers	<input type="checkbox"/> Other	<input type="checkbox"/> Individuals with ASD or related disability		Number of anticipated participants: (5 person minimum)
<input type="checkbox"/> Educators	<input type="checkbox"/> Providers						
<input type="checkbox"/> Caregivers	<input type="checkbox"/> Other						
<input type="checkbox"/> Individuals with ASD or related disability							
Anticipated learner outcomes:							



CARD-Florida State University
 2308 Killlearn Center Boulevard Building B
 Tallahassee, FL 32309
 1.800.769.7926 or 850.644.4367
 FAX 850.921.0124
 fsucard.com
 Email: autism@med.fsu.edu
[facebook.com/fsucard](https://www.facebook.com/fsucard)
twitter.com/FSUCARD

For CARD Office Use Only

Date received:
Date assigned:
Staff assigned:
Added to Calendar:
Added to DB:
Added to PTS: