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.					
School/Agency initiated request for technical assistance/consultation. or Family initiated request for observation and collaboration. The school and CARD staff to observe my child. The school and collaboration. The school and collaboration and collaboration. The school and collaboration and collaboration. The school and collaboration. The school and collaboration and collaboration. The school and carbon signature is county: Name and title of contact at school/agency: County:	Today's Date:				
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and collaboration. Parent/Guardian Signature County: Name of School/Agency: Name and title of contact at school/agency: School/Agency contact number and email address: Technical assistance/consultation is requested for: Individual Student(s)/Client(s) Specific Classroom(s) Type of Technical Assistance needed: Accommodations and Supports Behavior Strategies Curriculum Inclusion Strategies Name of child (if applicable): (Requires Parent Permission) Teacher's name and email address: Name & title of administrator (required): I give permission for CARD to observe in the school and collaborate with school faculty & staff. X					
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Name & title of administrator (required): I give permission for CARD to observe in the school and collaborate with school faculty & staff. X					
collaborate with school faculty & staff.	Teacher's name and email address:				
	Name & title of administrator (required):				
Administrator Signature				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 2312 Killearn Center Boulevard Building A Tallahassee, FL 32309 1.800.769.7926 or 850.644.4367 FAX 850.921.0124

autism@med.fsu.edu fsucard.com facebook.com/fsucard twitter.com/FSUCARD

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