

School/Agency Request Form



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 cognitive impairments. All services are free of charge.

Each request will be reviewed by administration and assigned to the appropriate professional(s).

If this request is for a **specific student**, please complete **part A** of this form. If you are requesting a **one-time technical assistance** consultation for a school or agency, please continue to **part B**.

Part A. Please note: to receive **Direct Service** for a child, they **must be a client of CARD**. A Parent or Guardian must sign below. If child is not a CARD client, please visit www.fsucard.com to submit an intake packet.

Today's Date:

Name of child:

Name of School/Agency:		County:	
Teacher's name and email address:			
Type of Assistance needed: Accommodations and Supports Curriculum Inclusion Strategies		Behavior Strategies Environmental Arrangement Other: _____	
X _____ <p style="text-align: center;">Administrator Signature</p> <p style="text-align: center;"><i>I give permission for CARD to observe in the school and collaborate with school faculty and staff.</i></p> Name & title of administrator (required):	X _____ <p style="text-align: center;">Parent/Guardian Signature</p> <p style="text-align: center;"><i>I give permissions for the school and CARD to collaborate, exchange information, and for CARD staff to observe my child.</i></p>		

Part B. Technical Assistance: General 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:	Name of School/Agency, County:	
Technical assistance/consultation is requested for:		
Entire School or Program	Specific Classroom(s):	
Type of Technical Assistance needed:		
Accommodations and Supports	Curriculum	Inclusion Strategies
Behavior Strategies	Environmental Arrangement	Other: _____

Name & title of administrator (required):

X _____

Administrator Signature

I give permission for CARD to observe in the school and collaborate with school faculty and staff