Technical Assistance Request Form

Date of Request: __________

Referral Contact
Name: _______________________
Position: _____________________
School/Agency: ___________________
Address: _______________________
Phone: ___________________ Fax: __________
Email: _______________________

Type of TA requested

<table>
<thead>
<tr>
<th>Information &amp; Referral</th>
<th>Advocacy</th>
<th>Networking</th>
<th>Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child-specific assessment</td>
<td>Mentoring</td>
<td>Resources</td>
<td>Other: __________</td>
</tr>
</tbody>
</table>

Areas of Need

- Deaf-blindness
- Communication Modes
- Materials/Resources
- IEP development
- Social Skills
- Behaviors
- Transition Planning
- Vision
- Language Development
- Environmental Accommodations
- Sign Language Interpreting
- Self-determination
- Transdisciplinary Teams
- Person Centered Planning
- Functional Assessment
- Curriculum
- Instructional Strategies
- Mobility
- Recreation/leisure
- Assistive Technology
- Other: __________

Reason for request:
Briefly describe what assistance you are requesting from NYDBC:

If applicable, complete as much information as possible.

Student Information

<table>
<thead>
<tr>
<th>Child Name:</th>
<th>Date of Birth:</th>
<th>Parent/Guardian:</th>
<th>Address:</th>
<th>Phone:</th>
<th>Email:</th>
<th>Etiology:</th>
</tr>
</thead>
</table>

How did you hear about NYDBC? | Website | Mailing | Colleague | Family | School | Agency | Other: |
|------------------------------|---------|---------|-----------|--------|--------|--------|--------|

Administrative Signature: _______________________
Date: __________

Please send completed form or email to: NYDBC@qc.cuny.edu or fax to: 718-997-4883