



Technical Assistance Request Form

Date of Request: _____

Referral Contact			
Name:			
Position:			
School/Agency:			
Address:			
Phone:		Fax:	
Email:			

Type of TA requested

<input type="checkbox"/>	Information & Referral	<input type="checkbox"/>	Advocacy	<input type="checkbox"/>	Networking	<input type="checkbox"/>	Training
<input type="checkbox"/>	Child-specific assessment	<input type="checkbox"/>	Mentoring	<input type="checkbox"/>	Resources	<input type="checkbox"/>	Other:

Areas of Need

- | | | | |
|--|---|----------------------------------|---|
| <input type="checkbox"/> Deaf-blindness | <input type="checkbox"/> Vision | <input type="checkbox"/> Hearing | <input type="checkbox"/> Functional Assessment |
| <input type="checkbox"/> Communication Modes | <input type="checkbox"/> Language Development | | <input type="checkbox"/> Curriculum |
| <input type="checkbox"/> Materials/Resources | <input type="checkbox"/> Environmental Accommodations | | <input type="checkbox"/> Instructional Strategies |
| <input type="checkbox"/> IEP development | <input type="checkbox"/> Sign Language Interpreting | | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> Social Skills | <input type="checkbox"/> Self-determination | | <input type="checkbox"/> Recreation/leisure |
| <input type="checkbox"/> Behaviors | <input type="checkbox"/> Transdisciplinary Teams | | <input type="checkbox"/> Assistive Technology |
| <input type="checkbox"/> Transition Planning | <input type="checkbox"/> Person Centered Planning | | <input type="checkbox"/> Other: _____ |

Reason for request:

Briefly describe what assistance you are requesting from NYDBC:

If applicable, complete as much information as possible.

Student Information	
Child Name:	
Date of Birth:	
Parent/Guardian:	
Address:	
Phone:	
Email:	
Etiology:	

How did you hear about NYDBC?	<input type="checkbox"/>	Website	<input type="checkbox"/>	Mailing	<input type="checkbox"/>	Colleague	<input type="checkbox"/>	Family
	<input type="checkbox"/>	School	<input type="checkbox"/>	Agency	<input type="checkbox"/>	Other:		

Administrative Signature: _____ Date: _____

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