



**NORTH DAKOTA DUAL SENSORY PROJECT**  
MINOT STATE UNIVERSITY – NORTH DAKOTA CENTER  
FOR PERSONS WITH DISABILITIES  
500 University Ave West; Minot, ND 58707  
701-858-3580 or 1-800-233-1737

**TECHNICAL ASSISTANCE REQUEST FORM**

**Demographic Information**

Name of Agency or Parent Requesting

Assistance \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Date Initiated \_\_\_\_\_

**I. Type of Technical Assistance Requested (check all that apply):**

- |  |   |  |                                      |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> Home consultation     | <input type="checkbox"/> Information dissemination    | <input type="checkbox"/> Interagency collaboration | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Materials development | <input type="checkbox"/> On-site program consultation | <input type="checkbox"/> Inservice training        |                                      |

**II. In what areas is technical assistance needed? (check all that apply):**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Assessment                   | <input type="checkbox"/> Community Based instruction | <input type="checkbox"/> Integration issues     | <input type="checkbox"/> Vision development                    |
| <input type="checkbox"/> Behavior management          | <input type="checkbox"/> Functional curriculum dev.  | <input type="checkbox"/> Orientation & mobility | <input type="checkbox"/> Vocational skills/<br>job development |
| <input type="checkbox"/> Collaborative teaming        | <input type="checkbox"/> Hearing development         | <input type="checkbox"/> Recreation/leisure     | <input type="checkbox"/> Other _____                           |
| <input type="checkbox"/> Communication<br>development | <input type="checkbox"/> IEP/IFSP development        | <input type="checkbox"/> Transition planning    |  |

## NORTH DAKOTA DUAL SENSORY PROJECT

### III. Who are the projected technical assistance recipients? (check all that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Family members             | <input type="checkbox"/> Special education administration | <input type="checkbox"/> Special education related services staff |
| <input type="checkbox"/> Special education teachers | <input type="checkbox"/> Regular education administrators | <input type="checkbox"/> Early Interventionist                    |
|   | <input type="checkbox"/> Regular education Teachers       | <input type="checkbox"/> Technical assistance/Training provider   |
|   | <input type="checkbox"/> Medical personnel                | <input type="checkbox"/> Higher Education personnel               |
|   | <input type="checkbox"/> Other _____                      | <input type="checkbox"/> Adult services provider                  |

### IV. Logistics

Desired technical assistance schedule:

- One Day
- Two or three consecutive days
- Two intensive training sessions of one or two consecutive days each
- Monthly assistance of one to two days for \_\_\_\_\_ months
- Other \_\_\_\_\_

Preferred days:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

Location where technical assistance will be provided: \_\_\_\_\_

	Yes	No
Director contacted?	<input type="checkbox"/>	<input type="checkbox"/>
Parents contacted?	<input type="checkbox"/>	<input type="checkbox"/>
Informed consent received?	<input type="checkbox"/>	<input type="checkbox"/>