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):
   □ Home consultation □ Information dissemination □ Interagency collaboration □ Other__________
   □ Materials development □ On-site program consultation □ Inservice training

II. In what areas is technical assistance needed? (check all that apply):
   □ Assessment □ Community Based instruction □ Integration issues □ Vision development
   □ Behavior management □ Functional curriculum dev. □ Orientation & mobility □ Vocational skills/job development
   □ Collaborative teaming □ Hearing development □ Recreation/leisure □ Other__________
   □ Communication development □ IEP/IFSP development □ Transition planning
NORTH DAKOTA DUAL SENSORY PROJECT

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

☐ Family members  ☐ Special education administration  ☐ Special education related services staff
☐ Special education teachers  ☐ Regular education administrators  ☐ Early Interventionist
☐ Regular education Teachers  ☐ Technical assistance/Training provider  ☐ Higher Education personnel
☐ Medical personnel  ☐ Other __________________________
☐ Other __________________________

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?  ☐  ☐
Parents contacted?  ☐  ☐
Informed consent received?  ☐  ☐