



**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 PLAN**

**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    |  |

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Family members             | <input type="checkbox"/> Special education administration | <input type="checkbox"/> Special education related     |
| <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 |
|   | <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

### V. TA Plan (completed by Project Staff)

Technical Assistance Outcome(s)	Technical Assistance Activities	Timelines	Person(s) Responsible	Evaluation and Documentation
				<div style="border-bottom: 1px solid black; padding: 5px;"> <b>Level of TA:</b>  <b>Type of Eval:</b>  <b>Method:</b> </div> <div style="padding: 5px;"> <b>Activity:</b>   <b>Results:</b> </div>

TA Outcomes	TA Activities	Timelines	Person(s) Responsible	Evaluation Plan
				<p><b>Level of TA:</b></p> <p><b>Type of Eval:</b></p> <p><b>Method:</b></p>
				<p><b>Activity:</b></p> <p><b>Results:</b></p>
				<p><b>Level of TA:</b></p> <p><b>Type of Eval:</b></p> <p><b>Method:</b></p>
				<p><b>Activity:</b></p> <p><b>Results:</b></p>