



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