



TECHNICAL ASSISTANCE
FORM

Name of person requesting TA: _____

Agency: _____ **Gender:** Male or Female

Address: _____ **Daytime Phone #:** _____

Name of Child in Need of TA: _____ **Gender:** Male or Female

Date of Birth: _____ **Address:** _____

Your Position (parent, teacher, psychologist, OT, PT, nurse): _____

Type of TA requesting:

- Information/materials Instructional Strategies In-service/training
- Home Visit School observation/visit Equipment use/ideas
- Assessment Family/Care-Giver Issues Phone contact

What topics would you like addressed:

- Auditory Training / Listening Skills Orientation and Mobility Skills (travel independence)
- Assessment Information and/or Referral (if form is printed and mailed, please circle area: vision, hearing, communication, development or other)
- Organizing a Daily Routine (sequence of activities, transition from one activity to another)
- Behavior Management/Social Emotional Concerns (relationship with others)
- Parent to Parent Contact Communication System Development
- Recreation and Leisure Skills Resources: Information and/or Referral

- Daily Living Skills (personal care and self-help skills such as toileting, dressing, etc.)
- Home or Classroom Observation/Recommendations Vocational Training
- Sensory Skill Development (vision, hearing, tactile skill use)
- Inclusion into School Program (techniques that support the child's learning in the regular classroom)
- Transition (early childhood to school or school to adult services)
- Literacy Mode Determination (use of braille, large print, etc.)
- Medical Issues (gaining more information about a child's diagnosis)
- Other (specify): _____

Print out a hardcopy of this form, fill it out, and mail to:

Sherri Nelson, Project Coordinator
500 Stanford Road
Grand Forks, ND 58203
Phone: 701-795-2730 or 1-800-421-1181