



Training Request Form

Thank you for your interest in receiving CARD services. **Please submit request for service at least 4 weeks in advance.** All requests will be reviewed by administration and assigned to the appropriate clinician(s). CARD services are free of charge; the following are a list of services that are offered:

Today's Date: _____

Preferred Date(s): _____

Preferred Times(s): _____

Name of Agency/School: _____

Name and Title of Person Requesting Services: _____

Address: _____

Contact Number: _____

Contact Email: _____

Anticipated Number of Participants: _____

Target Audience: _____

Have you already spoken with a CARD clinician about this training? ___Yes ___No

If so, whom? _____

Black-Out Periods:

- No opt teacher planning days
- The first four weeks of school
- The first two weeks in January
- The last four weeks of school

Specific Training Topic (choose one):
Only two trainings per organization per year

- | | |
|--|--|
| <input type="checkbox"/> Overview of ASD & CARD Services | <input type="checkbox"/> Facilitating Social & Play Skills |
| <input type="checkbox"/> Functional Language & Communication | <input type="checkbox"/> Therapeutic Interventions & Assessments |
| <input type="checkbox"/> Curriculum & Teaching Strategies | <input type="checkbox"/> Red Flags/Early Identification of ASD |
| <input type="checkbox"/> Literacy & Reading Instructions | <input type="checkbox"/> Using Technology with Students with ASD |
| <input type="checkbox"/> Strategies for Effective Inclusion | <input type="checkbox"/> Toilet Training |
| <input type="checkbox"/> Overview of IDEA & IEP Development | <input type="checkbox"/> Issues in Adulthood |
| <input type="checkbox"/> Managing Challenge Behavior | <input type="checkbox"/> Other: _____ |

Name & Title of Administrator: _____

Signature of Administrator (required): _____

Please fax this form to one of the following:

For Monroe & Miami-Dade Requests (305) 284-6555
For Broward Requests (954) 262-2851

OFFICE USE ONLY

Date received: _____ Date assigned: _____ Assigned to: _____

Disposition: _____

