



Technical Assistance Request Form

(this form must be completed by school or agency personnel only)

Thank you for your interest in receiving University of Miami Nova Southeastern University Center for Autism & Related Disabilities' (UM-NSU CARD) services. Please submit requests 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.

Technical Assistance: Assistance given to classroom/agency staff, support staff, or administration in a variety of areas including instructional strategies, behavior management, communication training, etc.

Today's date: _____

Preferred date: _____ Preferred time: _____

Name of agency/school: _____

Name and title of person requesting service: _____

Contact person: _____

Contact number: _____

Email Contact: _____

Type of technical assistance needed: _____

Name of Client/Student (if applicable): _____

Release of information completed by parent (only if requesting technical assistance for a specific child): Yes No

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) 262-2847

OFFICE USE ONLY

Date received _____ Date assigned _____ Assigned to _____

Disposition: _____