



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 day(s): _____ Preferred time(s): _____

Name of agency/school: _____

Name and title of person requesting service: _____

Contact number: _____ Email Contact: _____

Technical assistance/consultation is requested for:

- Individual Student(s)/Client(s) Entire School or Program
- Specific Classroom(s)

Type of Technical Assistance needed:

- Accommodations and Supports Curriculum Inclusion Strategies
- Behavior Strategies Environmental Arrangement Other: _____

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 (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: _____
