

### Training Request Form

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; the following are a list of services that are offered:

Today's date: \_\_\_\_\_

Preferred date(s): \_\_\_\_\_ Preferred time(s): \_\_\_\_\_

Name of agency/school: \_\_\_\_\_

Name and title of person requesting service: \_\_\_\_\_

Contact number: \_\_\_\_\_ Email Contact: \_\_\_\_\_

Anticipated # of Participants: \_\_\_\_\_ Target Audience: \_\_\_\_\_

**Specific Training Topic (choose one):**

- |  |   |
|--|---|
| <input type="checkbox"/> Overview of Autism Spectrum Disorders       | <input type="checkbox"/> Behavioral Supports & Systems            |
| <input type="checkbox"/> Overview of CARD Services                   | <input type="checkbox"/> Facilitating Social & Play Skills        |
| <input type="checkbox"/> Facilitating Language & Communication       | <input type="checkbox"/> Overview of IDEA & IEP Development       |
| <input type="checkbox"/> General Instructional Strategies & Supports | <input type="checkbox"/> Red Flags/Early Identification of Autism |
| <input type="checkbox"/> Literacy & Reading Instruction              | <input type="checkbox"/> Using Technology with Students with ASD  |
| <input type="checkbox"/> Strategies for Effective Inclusion          | <input type="checkbox"/> Transition to Adulthood                  |
| <input type="checkbox"/> Toilet Training                             | <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: \_\_\_\_\_

\_\_\_\_\_