Technical Assistance Request Form for School/Agency



Thank you for your interest in receiving University of Florida Center for Autism & Related Disabilities' (CARD) services. All requests will be reviewed by administration and assigned to the appropriate professional(s). CARD services are free of charge. CARD serves individuals with Autism Spectrum Disorder, Autistic-like Disorder, Dual Sensory Impairments or Sensory Impairments (vision and/or hearing) with other disabling conditions.

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

Please indicate the type of request:				
School/Agency initiated requirements technical assistance/consultance in the signed by parent/guardian.	ation.	tion and collab release of info	d request for observa- poration. <i>Please obtain a</i> rmation from the school th this request.	
Today's Date:	Preferred dates for consultation:			
Preferred times for consultation:				
Name of agency/school:		County:		
Name and title of person requesting	service:			
Contact person:		Contact number:		
Contact Email:				
What are you asking CARD to help you with?				
Name of Child (if applicable):				
Name & Title of Building-Level Administrator:				
Signature of Building-Level Administrator (required):				
Signature of School-Based ESE Representative:				
,	,	o forward a copy to I (352) 273-0581 or	your district ESE Director 800-754-5891	
OFFICE USE ONLY				
Date received:	Date assigned:		Assigned to:	
Outcome:				

CARD University of Florida - Gainesville East Campus Building 2046 NE Waldo Road, Suite 3200 Gainesville, FL 32609 1-800-9-AUTISM or 352-273-0581 (352)846-3703 fax card-info@ufl.edu www.card.ufl.edu www.facebook.com/UFCARD twitter.com/UFCARD