# Technical Assistance Request Form

**Date of Request:**

## Referral Contact

<table>
<thead>
<tr>
<th>Name:</th>
<th>Position:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School/Agency:</td>
<td>Address:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Fax:</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

## Type of TA requested

- Information & Referral
- Advocacy
- Networking
- Training
- Child-specific assessment
- Mentoring
- Resources
- Other: ___

## Areas of Need

- Deaf-blindness
- Communication Modes
- Materials/Resources
- IEP development
- Social Skills
- Behaviors
- Transition Planning
- Vision
- Hearing
- Functional Assessment
- Language Development
- Environmental Accommodations
- Sign Language Interpreting
- Instructional Strategies
- Mobility
- Self-determination
- Transdisciplinary Teams
- Person Centered Planning
- Assistive Technology
- Other: ___

## Reason for request:

Briefly describe what assistance you are requesting from NYDBC:

## If applicable, complete as much information as possible.

### Student Information

<table>
<thead>
<tr>
<th>Child Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian:</td>
<td>Address:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Email:</td>
</tr>
<tr>
<td>Etiology:</td>
<td></td>
</tr>
<tr>
<td>How did you hear about NYDBC?</td>
<td>Website</td>
</tr>
<tr>
<td></td>
<td>School</td>
</tr>
</tbody>
</table>

Administrative Signature: ____________________________  Date: ____________________

Please send completed form or email to: [NYDBC@qc.cuny.edu](mailto:NYDBC@qc.cuny.edu) or fax to: 718-997-4883