

# Technical Assistance Request Form

If you would like to receive **free** technical assistance for your child or a student who is deafblind (has both a vision and hearing loss), please complete and return this form to Gina Herrera. Once this information is received, you will be contacted to determine: (a) the type of technical assistance you need (b) what the specific need is, and (c) when is the best time to schedule the visit.

## Contact Information

Your name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Your address: \_\_\_\_\_

Name of the child that you would like assistance with: \_\_\_\_\_

Date of birth of the child: \_\_\_\_\_ Your relationship to the child: \_\_\_\_\_

## What Kind Of Technical Assistance Are You Interested In?

\_\_\_\_\_ Inservice    \_\_\_\_\_ Home Visit    \_\_\_\_\_ School Visit    \_\_\_\_\_ Other

## What Topics Are You Interested In (check all the ones you are interested in for this child):

- \_\_\_\_\_ Auditory Training / Listening Skills
- \_\_\_\_\_ Assessment (circle area: vision, hearing, communication, development, or other)
- \_\_\_\_\_ Behavior Management (for problem or disruptive behavior)
- \_\_\_\_\_ Communication System Development (how to encourage a child to communicate)
- \_\_\_\_\_ Communication Matrix
- \_\_\_\_\_ Daily Living Skills (personal care and self help skills such as toileting, dressing, etc.)
- \_\_\_\_\_ Inclusion into School Program (techniques that support the child's learning in the classroom)
- \_\_\_\_\_ Literacy Mode Determination (use of Braille, large print, etc.)
- \_\_\_\_\_ Medical Issues (gaining more information about a child's diagnosed condition)
- \_\_\_\_\_ Orientation and Mobility Skills (travel independence)
- \_\_\_\_\_ Organizing a Daily Routine (sequence of activities, transition from one activity to another)
- \_\_\_\_\_ Personal Futures Planning (a system of looking ahead and planning for the future)
- \_\_\_\_\_ Sensory Skill Development (vision, hearing, tactile skill use)
- \_\_\_\_\_ Social-Emotional Concerns (relationships with others)
- \_\_\_\_\_ Transition from Program to Program (e.g. preschool program to kindergarten program)
- \_\_\_\_\_ Transition from School into Adult Services (college, rehabilitation, group home)
- \_\_\_\_\_ Vocational Training

Other areas of need: \_\_\_\_\_

Please return this form to Gina Herrera, CDE, 1560 Broadway Avenue, Suite 1100, Denver, CO 80202. It can be faxed to Gina at (303) 866-3808. If you have questions, call Gina at (303) 866-6605 or email at [herrera\\_g@cde.state.co.us](mailto:herrera_g@cde.state.co.us).