

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: _____

Initials of the child that you would like assistance with (please use 1st two letters of first name and 1st two letters of last name): _____ 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 Colorado Department of Education, Attention, Gina Herrera,
201 Colfax Avenue, Room 409, Denver, CO 80203.

If you have questions, call Gina at (303) 253-0451 or email at herrera_g@cde.state.co.us.