



# Service Provider Request for Assistance

## ASSISTANCE REQUESTED BY:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

District/Agency: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of child/student with dual sensory impairments: \_\_\_\_\_

### TYPE OF ASSISTANCE DESIRED:

- Consultant to my educational setting to help with a specific child/student
- Home visit with me to help with a specific child/student

- Written materials, if available
- Video materials, if available
- Please call me

<input checked="" type="checkbox"/> <b>Technical Assistance Area</b> <i>(Please check the area(s) in which you would like assistance.)</i>	<b>Specify Your Need / Question(s)</b>
<input type="checkbox"/> <b>Assistance with Determining Child/Student's Eligibility for Project</b> <input type="checkbox"/> Review of records <input type="checkbox"/> Observation of child/student	
<input type="checkbox"/> <b>Communication</b> <input type="checkbox"/> Receptive communication <input type="checkbox"/> Expressive communication	
<input type="checkbox"/> <b>Instructional Strategies</b> <input type="checkbox"/> Prompting strategies (i.e., how to use visual cues, auditory cues, physical assistance with children/students who have multiple disabilities) <input type="checkbox"/> Documenting child/student progress and modifying instruction accordingly <input type="checkbox"/> Strategies for teaching in the community (i.e., community-based instruction) <input type="checkbox"/> Conveying effective strategies to new teachers/new settings <input type="checkbox"/> Effective strategies for teaching in inclusive settings	
<input type="checkbox"/> <b>Adaptations</b> <input type="checkbox"/> Appropriate modifications for child/student's vision impairment <input type="checkbox"/> Appropriate modifications for child/student's hearing impairment <input type="checkbox"/> Appropriate modifications for child/student's physical impairment(s) <input type="checkbox"/> Conveying effective adaptations to new teachers/new settings <input type="checkbox"/> Appropriate adaptations for inclusive education	
<input type="checkbox"/> <b>Curriculum / Instructional Planning</b> <input type="checkbox"/> What to teach/target within IEP/IFSP <input type="checkbox"/> Ideas for teaching meaningful skills appropriate for child/student's age. <input type="checkbox"/> Ideas for teaching skills in the natural environment/setting <input type="checkbox"/> Targeting appropriate skills for inclusive education	
<input type="checkbox"/> <b>Positive Behavior Support</b> <input type="checkbox"/> Help in identifying why the child/student engages in problem behaviors <input type="checkbox"/> Help in developing a support plan based on function of behavior <input type="checkbox"/> Help in targeting appropriate, alternative skills <input type="checkbox"/> Help in documenting progress	
<input type="checkbox"/> <b>Planning for Transitions from Secondary to Post-Secondary</b>	
<input type="checkbox"/> <b>Planning for Transitions from Early Intervention to Preschool</b>	
<input type="checkbox"/> <b>Collaborative Teaming</b>	

Please return this form to:

MaryAnn Demchak • Nevada Dual Sensory Impairment Project  
 Department of Educational Specialties/MS 299 • University of Nevada, Reno • Reno, NV 89557  
 FAX: (775) 784-4384 • PHONE: (775) 784-6471 or Toll-Free (877) 621-5042

