



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:

- | | |
|---|--|
| <input type="checkbox"/> Consultant to my educational setting to help with a specific child/student | <input type="checkbox"/> Written materials, if available |
| <input type="checkbox"/> Home visit with me to help with a specific child/student | <input type="checkbox"/> Video materials, if available |
| | <input type="checkbox"/> Please call me |

<input checked="" type="checkbox"/> Technical Assistance Area <i>(Please check the area(s) in which you would like assistance.)</i>	Specify Your Need / Question(s)
<input type="checkbox"/> Assistance with Determining Child/Student's Eligibility for Project <input type="checkbox"/> Review of records <input type="checkbox"/> Observation of child/student	
<input type="checkbox"/> Communication <input type="checkbox"/> Receptive communication <input type="checkbox"/> Expressive communication	
<input type="checkbox"/> Instructional Strategies (How to Teach) <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 meaningful instruction for and involvement in literacy <input type="checkbox"/> Conveying effective strategies to new teachers/new settings <input type="checkbox"/> Effective strategies for teaching in inclusive settings	
<input type="checkbox"/> Adaptations <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"/> Curriculum / Instructional Planning (What to Teach) <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"/> Positive Behavior Support <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"/> Planning for Transitions from Secondary to Post-Secondary	
<input type="checkbox"/> Planning for Transitions from Early Intervention to Preschool	
<input type="checkbox"/> Collaborative Teaming	



Please return this form to:
 MaryAnn Demchak • Nevada Dual Sensory Impairment Project
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 FAX: (775) 784-4384 • PHONE: (775) 784-6471 or Toll-Free (877) 621-5042

