**Virginia Project for Children and Young Adults with Deaf-Blindness**

**Technical Assistance Request**

***State deaf-blind projects have permission to adapt this tool for use by their own projects. Please include appropriate citation information. For example, "Adapted with permission from [document name, state deaf-blind project name, date (if available)]."***

[ ]  New Student [ ]  Student on Deaf-Blind Census

[ ]  Other:

Date: Call taken by:

Caller: Caller’s Phone:

Profession/Agency/Relationship of caller:

Caller’s Email: Fax:

Child’s name: Date of birth:

Child’s School:

County/City:

Is parent aware of referral/request? [ ]  Yes [ ]  No

Parent/Guardian name:

Parent/Guardian contact:

Is administrator aware of referral/request? [ ]  No [ ]  Yes, name:

Administrator’s Phone/email:

Diagnosis:

Hearing information:

Vision information:

Additional information:

Concerns/TA Requested:

What do you hope will change as a result of the requested TA? Targeted outcome(s):

TA level needed: [ ]  General [ ]  Targeted, Specialized [ ]  Intensive, Sustained

Next Steps: