

# Florida and Virgin Islands (FAVI)

## Deaf-Blind Collaborative

352-273-7530 800-667-4052

### Request for Technical Assistance: Student with Deaf-Blindness

Fax to: 352-273-8539

Date of Request: \_\_\_\_\_

Child/Young Adult Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child/Young Adult's address: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian address (if different from child's address): \_\_\_\_\_

\_\_\_\_\_

Person(s) Requesting Assistance Name(s): \_\_\_\_\_

\_\_\_\_\_

Relationship to Child/Young Adult: \_\_\_\_\_

Preferred method of contact (circle ): phone, email, postal mail

Best Contact Person/Phone: \_\_\_\_\_

Person/Cell /Other Phone: \_\_\_\_\_

Person/Email address: \_\_\_\_\_

Child's School, Teacher: \_\_\_\_\_

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

\_\_\_\_\_

School Phone: \_\_\_\_\_

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Child/Young Adult Name: \_\_\_\_\_

Type of School (General Ed, Charter, ESE center): \_\_\_\_\_

Type of Classroom (General Ed, Varying Exceptionalities, Vision Impaired,  
Hearing Impaired, Multi): \_\_\_\_\_

Amount of Time in ESE (Self-contained, Full-Time ESE, P-T \_\_\_\_%):

\_\_\_\_\_

Teacher Name(s)/Title(s): \_\_\_\_\_

\_\_\_\_\_

Teacher(s) Phone: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

Child / Young Adult's level of vision loss?

\_\_\_\_\_

Child / Young Adult's level of hearing loss?

\_\_\_\_\_

What types of communication do you use with your child?

(speech, sign, pictures, other forms): \_\_\_\_\_

Types of communication he / she uses: \_\_\_\_\_

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What are your top three concerns?

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

What do you want your child to be able to do? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the type(s) of assistance requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please also complete & sign a Consent for Exchange of Information /Records

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### Office Use

Action taken:

Case assigned to \_\_\_\_\_ on \_\_\_\_\_

Phone / email contact by \_\_\_\_\_

Questions answered by \_\_\_\_\_ on \_\_\_\_\_

TA Objectives:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_