Technical Assistance/Consultation Request
UF Jacksonville, Center for Autism and Related Disabilities (CARD)
6271 St. Augustine Rd., Suite 1 * Jacksonville, FL 32217
Phone (904) 633-0750 * Fax (904) 633-0751

Date of Request: ____/_____/_____
Requestor (name & title): ___________________________________________
School/Agency: ______________________________________________________
Phone: ______________________ E-mail: _________________________________
Request for: _____ Technical _____ Consultation
Technical Assistance Needed (define): _____________________________________
____________________________________________________________________
*or*
Specific Issue for Consultation (define): _________________________________
____________________________________________________________________
Requested Location for Assistance: ______________________________________
____________________________________________________________________
Requested Dates (please provide three options):
1) ___/____/____  2) ___/____/____  3) ___/____/____
If for specific child, is child registered with UF Jax CARD? __Yes __ No
Is there a release of information form completed by parent? __Yes __ No
Name and Title of Administrator: ______________________________________
Signature of the Administrator (required): ________________________________

To be completed by CARD Staff:
CARD Staff Member receiving request: _________________________________
Assigned to: _________________________________________________________
Signature of Asst. Director: ___________________________________________
Signature of Presenter: _________________________________________________
Date Decided: _________________________________________________________

Fax this completed form and the signed parental consent for (if for a specific child) to our office, Attn: Autumn Mauch. A staff member will then contact you to discuss your request. Thank you.