

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.