



Request for Technical Assistance

Kansas State School for the Blind
1100 State Ave., Kansas City, KS 66102
Website: <https://www.kansasdeafblind.org/>
Email: deafblind@kssdb.org

Student's Name: _____ DOB: _____
Individual requesting consult: _____ Date: _____
Position: _____ School & District Name: _____
Address: _____ E-mail: _____ Phone: _____

In order to effectively meet your technical assistance needs, please complete the following:

- 1) **We are requesting technical assistance/consultation to improve:**

- 2) **Is this child listed on the Deaf-Blind Registry?**

- 3) **Describe the type of help you are requesting:**

- 4) **What do you hope to achieve from this consultation? Describe the desired outcome(s) of the consultation:**

- 5) **Describe your school setting, size, grade levels, student population, etc. If requesting an individual student consultation, please describe the student's age, sex, disability (ies), school placement/setting, and grade level:**

- 6) **When would you like assistance? List preferred dates, days of the week, and times for assistance:**

- 7) **Other relevant information:**

Contact Person Signature: _____ Administrator Signature: _____