



### Request for Technical Assistance

1100 State Ave., Kansas City, KS 66102

Student's Name:

DOB:

Individual requesting consult:

Date of Request:

Title:

Email:

Address:

Phone:

School & District Name:

Name of Special Education Director or Program Coordinator:

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#### Is the student on the KSDB Project Census?

Yes  No  Not sure, please verify

#### Areas of Need:

- Communication  Deaf-Blindness
- Environmental Accommodations  Instructional Strategies
- Literacy  Materials and Resources
- Parent Support Group & Networking
- Person-Centered Planning  Transition Planning
- Other: \_\_\_\_\_

**Briefly describe what assistance you are requesting:**