

Technical Assistance Request Form

Requests may be made by Professional Development Team members or initiated as a self-referral on behalf of your own childcare program. Complete the form, in as much detail as possible, and submit to the CCR&R Professional Development Team Supervisor.

Tell us about your program		Classroom(s) involved in Request	
Program Name:		Is this a follow-up request from a training?	Y N
Address:		Is this a request for an individual child?	Y N
City:	County:	Is a child at risk of losing placement?	Y N
Phone:		Name of classroom(s) involved in request:	
Best time to call:		Number of children involved in request:	
Email:		Number in each age group involved in request:	
Provider Type: center facility home		0-23mo:	24-35mo:
Program Tier Level: I II III		PreK:	Afterschool:
Name(s) of Staff in classroom:		Person requesting assistance:	
Date Submitted:		Position:	

Describe, in detail, the reason for the request or the resources being requested.

List any TA, training and/or professional development, or resources issued within the past 12 months relating to this request:

Resource and Referral OFFICE USE ONLY

Date Referral Received: _____ Date Referral Assigned: _____

Specialist Assigned: _____

PD Supervisor Signature: _____ PD Supervisor Printed Name: _____

*For requests indicating a child is at risk of losing placement, the PD Supervisor is to immediately assign the request to a Behavioral Consultant.

*When there is not sufficient information provided for assignment, the PD Supervisor is responsible for contacting the provider or program to gather more information to make a determination.