# Vermont I-Team Technical Assistance Request Form

## Student Information

- **First Name**
- **Last Name**
- **Date of Birth**
  - Age
  - Grade
- **School District**
- **School Name**
- **School Address**
- **City/State/Zip**
- **School Phone**

## Parent or Guardian

- **Name**
- **Address**
- **City**
- **Phone**
- **Email**

## Non-Custodial Parent or Guardian

- **Name**
- **Address**
- **City**
- **Email**

**Please select the student’s classroom placement using the options provided below:**

- [ ] Not Attending Special Ed Program (Services at home)
- [ ] Not Attending Special Ed Program (Services at service provider or other location)
- [ ] In Special Ed Program (separate class)
- [ ] In Special Ed Program (separate school)
- [ ] Inside Reg Classroom<40% of time
- [ ] Inside Reg Classroom 40-79% of time
- [ ] Inside Reg Classroom at least 80% of time
- [ ] Homebound/Hospital
- [ ] Separate School: Public or Private

**Please select the student’s eligibility as indicated on their IEP from the options provided below:**

- [ ] Autism Spectrum
- [ ] Intellectual disability
- [ ] Speech or language impairment
- [ ] Deaf-blindness
- [ ] Multiple disabilities
- [ ] Traumatic brain injury
- [ ] Developmental delay
- [ ] Orthopedic impairment
- [ ] Visual impairment
- [ ] Emotional disturbance
- [ ] Other health impairment
- [ ] Hearing loss
- [ ] Specific Learning Disability

**Please list any secondary disabilities as indicated on the student’s IEP in the space provided below:**


Please indicate during which hours the I-Team Educational Consultant should schedule visits with the Student / Student’s Team for the days indicated below: (paper copies can also be faxed to the I-Team office using our secure fax line (802) 656-3636)

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
</table>

Please fill in ALL requested information for any of the team members listed below that work with the student or the student’s team:

**IEP Team Serving Student**

<table>
<thead>
<tr>
<th>Role</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Education Teacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEA/Special Education Admin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Education Teacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instructional Assistant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech Language Pathologist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Therapist</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please list information for any of the positions listed below if they are a part to the student’s team:

**Other Team Members Serving Student**

<table>
<thead>
<tr>
<th>Role</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Physician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision Consultant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Consultant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Team Member</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Team Member Title
Technical Assistance Needs

Provide a brief description of the student's technical assistance needs in the space provided:

Please check any areas of need the student may have from the list provided below:

**Areas of Need**

- [ ] Assistive Technology
- [ ] Cortical Visual Impairment
- [ ] Mobility
- [ ] Augmentative Communication
- [ ] Dual Sensory Impairment / Deafblind
- [ ] Physical Therapy
- [ ] Continence Project
- [ ] Family Resources and Support
- [ ] Occupational Therapy

Please select a yes or no answer for each question listed below:

**YES**  **NO**

- [ ] Does the student receive services from the Vermont Association for the Blind and Visually Impaired?
- [ ] Does the student receive services from Deaf/Hard of Hearing consultation services?
- [ ] Does the student have a combined vision and hearing loss?
- [ ] Is the student eligible for Dynamic Learning Map Alternative Assessment (DLM)?
- [ ] Does the student attend a formal after-school program?
- [ ] Is the student transition age (14 years or older)?
- [ ] Is the student's team willing to use distance technology as part of I-Team Technical Assistance?

**Eligibility for I-Team Services**

(To be eligible for I-Team services the answers to each question must be "yes")

**YES**  **NO**

- [ ] The student is between ages 3 and 22 (I-Team provides services until 22nd birthday).
- [ ] The student receives services through an IEP.
- [ ] The student has a disability that significantly impacts cognitive functioning and adaptive behavior.
- [ ] The student requires intensive individualized instruction and significant supports to access the general education curriculum.
Instructions to Submit Form

Your completed Technical Assistance Request Form and required additional forms (i.e. Parent Permission Form and IEP) can be submitted to The Vermont I-Team either by mail or using our confidential fax number.

I-Team Contact Information

Darren McIntyre, I-Team Director: (802) 656-1132
I-Team Office Support: (802) 656-7122
Confidential Fax: (802) 656-3636
Web-site: http://www.uvm.edu/~cdci/iteam/

Mailing Address

ATTN: Darren McIntyre
VT I-Team, UVM CDCI, 317 Mann Hall
208 Colchester Ave.
Burlington, VT 05405