Vermont Early Mobility Project

TECHNICAL ASSISTANCE REQUEST FORM

Child Information:
Name: ______________________________________________________
Date of Birth: ______________________________________________
Address: __________________________________________________
Parents: ____________________________________________________
Phone/email: ________________________________________________
Parents’ preferred method of contact: __________________________

Team Members:

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Email</th>
<th>Phone, if preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Therapist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Manager</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reason for referral to the Vt Early Mobility Project:
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
Please describe any pertinent medical information about the child:
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Current equipment; please list:
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Is the child on:  a One Plan ____ an IEP ____ a 504 plan ____

Is the student currently referred to the VT I-Team or VT I-Team Early Intervention Project?    YES    NO

Vermont Early Mobility Project Contact Information:
Please send completed referral form to us via UVM secure file transfer, secure fax, or mail. All information provided below.
File transfer: filetransfer.uvm.edu
Fax: 802-656-3636
Address:
Attn: Tamra Yandow, Project Coordinator
VT Early Mobility Project
UVM CDCI
305 Mann Hall 208 Colchester Ave.
Burlington, VT 05405

Questions??: Contact Tamra Yandow, Project Coordinator
Tamra.yandow@uvm.edu
1-800-770-6103 x220

VT Early Mobility Project
9.18.19