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:

	Name	Email	Phone, if preferred
Physical Therapist			
Occupational Therapist			
Case Manager			
Other			

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