



Today's Date: \_\_\_\_\_

### STUDENT CONSULTATION REQUEST

#### I. AGENCY INFORMATION

Name of Agency: \_\_\_\_\_

Billing Contact Person: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Role: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Consultation Contact Person: \_\_\_\_\_

Role: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### II. STUDENT INFORMATION

Student Initials: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  Female  Male  Other: \_\_\_\_\_

Classroom Setting(s) (e.g., self-contained classroom, resource, inclusion):  
\_\_\_\_\_

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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#### III. CONSULTATION INFORMATION

Preferred consultation date(s): \_\_\_\_\_

School start time: \_\_\_\_\_

School end time: \_\_\_\_\_

Please identify the specific areas of concern about which you would like to receive support.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Communication                    | <input type="checkbox"/> Social Skills        | <input type="checkbox"/> IEE             |
| <input type="checkbox"/> Modifications/Accommodations     | <input type="checkbox"/> Behavior Supports    | <input type="checkbox"/> FBA             |
| <input type="checkbox"/> Environmental Arrangement        | <input type="checkbox"/> Motivational Systems | <input type="checkbox"/> IEP Development |
| <input type="checkbox"/> Data Collection/Progress Monitor | <input type="checkbox"/> AAC                  | <input type="checkbox"/> Other: _____    |

Has the student ever been diagnosed with autism spectrum disorder?

What are the goals of the consultation? What are the specific questions you looking to answer?

**IV. TEAM INFORMATION** (please list team members associated with student's educational plan)

<b>Role</b>	<b>Name</b>	<b>Email Address</b>	<b>Phone</b>
Parent/Guardian			
Special Education Teacher			
Educational Assistant			
General Education Teacher			
Director of Special Education			
Principal			
SLP			
OT/PT			
Other:			

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**PLEASE FAX, EMAIL OR MAIL COMPLETED FORM TO:**

**Training and Consultation Services Team  
University of Washington Autism Center  
Box 357920 Seattle, WA 98195-7920**

**Phone: 1-877-408-UWAC (8922)**

**Fax: 1-877-719-8701**

**Email: [uwactrain@uw.edu](mailto:uwactrain@uw.edu)**

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