



REQUEST FOR SERVICES

Date of Request: _____

TRAINING REQUEST HQTO

I. AGENCY INFORMATION

Name of Agency: _____

Billing Contact Person: _____

Billing Address: _____

City, ST, Zip: _____ Email: _____

Phone: _____ Fax: _____

Training Modality: In-Person Virtual Either

Location of Training (if in-person): _____

Training Site Address: _____

Building Name, Street Address

City, ST, Zip: _____, _____, _____ County: _____

Day-of-Training On-Site Contact Person: _____

Email: _____ Phone: _____

II. TRAINING INFORMATION

Dates Requested: _____

Desired Length of Training: _____

Preferred Schedule for Training - Start Time: _____ End Time: _____ Lunch: _____

Estimated Number of Attendees: _____

Expected Audience (please check all that apply):

Parents/Family Members General Educators Special Educators

Occupational Therapists Medical Profs. Psychologists

Speech/Language Pathologists Mental Health Profs. Administrators

Paraprofessionals/Instructional Assts. Other: _____

Age Range of Students/Individuals. What age does the audience mostly work with so that we can tailor our content appropriately to your needs?) (please check all that apply):

- Birth-to-3 Preschool Elementary School
 Middle School High School Young Adults

III. CONTENT INFORMATION

Requested Topic (please be as specific as possible):

Please list 3 outcomes that you would like participants to gain from this presentation:

- 1.)

- 2.)

- 3.)

IV. EQUIPMENT & TECHNOLOGY ACCESS INFORMATION

Would your agency be able to provide the following for instructors to use during the training?

	Yes	No	Notes
Computer			
LCD projector			
Speakers (for computer)			
Microphone			
Wi-Fi Connection			
Access to YouTube Videos – No Firewalls or Restrictions			

If training is virtual, would you like it recorded?			
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If you would like to print handouts for this training, by when will you need to receive electronic versions from UW Autism Center? _____

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

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