UW AUTISM CENTER
UNIVERSITY of WASHINGTON

REQUEST FOR SERVICES

Date of Request: _____

TRAINING REQUEST

Name of Agency: _____

Billing Contact Person: _____

Billing Address: _____

City, ST, Zip: _____ Email: _____

Phone: _____ Fax: _____

Location of Training: _____

Training Site Address: _____

Building Name, Street Address

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

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

Email: _____ Phone: _____

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 ☐ Regular 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

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.)

EQUIPMENT INFORMATION

Equipment available for use during training:

☐ LCD projector ☐ Speakers (for computer) ☐ Computer

☐ Microphone ☐ Wi-Fi Connection ☐ Access to YouTube Videos

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:

Robin Talley, M.Ed., BCBA
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Phone 206-221-5674 Fax 206-598-7815 Email rtalley@uw.edu

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