

Center for Autism and Related Disabilities



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Training Request Form

Thank you for your interest in receiving University of Florida Center for Autism & Related Disabilities' (CARD) services. In order to ensure that we accommodate your request, please submit requests in a timely manner. All requests will be reviewed by administration and assigned to the appropriate professional. CARD services are free of charge. CARD serves individuals with Autism Spectrum Disorder, Autistic-like Disorder, Dual Sensory Impairments or Sensory Impairments (vision and/or hearing) with other disabling conditions.

General Information:

Today's date:	Name / role of person requesting:	
Name of agency / school:		
County:		
Contact person:	Contact number:	Contact email:

Training Topic(s)-please check:

<input type="checkbox"/> Overview of Autism Spectrum Disorder (ex: Autism, Asperger, PDD) and/or Related Disabilities	<input type="checkbox"/> Strategies for Inclusion in General Education
<input type="checkbox"/> Evidence-Based Methodologies (ex. ABA, Incidental Teaching, TEACCH, PECS, etc.)	<input type="checkbox"/> Literacy for Individuals with Significant Disabilities
<input type="checkbox"/> Potty Training	<input type="checkbox"/> Medication Information
<input type="checkbox"/> Communication	<input type="checkbox"/> Behavior Skill Development
<input type="checkbox"/> Sensory Issues	<input type="checkbox"/> Legal Rights
<input type="checkbox"/> Developing Social Competence	<input type="checkbox"/> Education for Caregivers
<input type="checkbox"/> Transition to Adult Life	<input type="checkbox"/> Visual and Environmental Supports
<input type="checkbox"/> Peer Training Other:	<input type="checkbox"/> Assistive Technology
<input type="checkbox"/>	<input type="checkbox"/>

Anticipated learner outcomes: Target Audience:

Preferred date(s) of event:	Preferred time(s) for event:
Number of anticipated participants:	

For School/Agency only:

Name & Title of Administrator:
Signature of Administrator (required):

OFFICE USE ONLY

Date received:	Date assigned:	Assigned to:
Outcome:		