



## South Carolina Interagency Deaf-Blind Project

### Request for Technical Assistance Services

To make a request for a technical assistance, please complete and return this form to the SCIDB Project.

- By Email: [deafblind@scsdb.org](mailto:deafblind@scsdb.org)
- By Fax: 864-577-7568
- By Mail: South Carolina School for the Deaf and Blind  
South Carolina Interagency Deaf Blind Project  
355 Cedar Springs Road  
Spartanburg, SC 29302

If the child is already enrolled in the Census Child Count, then fill out the form below. If the child is not enrolled on the Census Child Count, then please fill out the Intake Form, which is attached, in addition to the form below.

**Questions?** Contact Kelly Birmingham, Program Manager at 864-577-7770.

#### Requestor Information:

Name & Title (if applicable): \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

#### Reason for Request:

##### Home:

- Home-Visit
- In-Service Observation (e.g. Physical Therapy, Occupational Therapy)
- Resources Needed (e.g. tips, communication development, mobility)

##### School:

- Classroom Observation
- Individual Education Plan (IEP) or Individual Family Service Plan (ISFP) Input
- In-Service Observation (e.g. Physical Therapy, Occupational Therapy)
- Resources Needed (e.g. curriculum, strategies, activities)

##### Community:

- Parent Training
- Professional Training



### Referral Documentation

SCIDB Project staff members may request the following supporting documentation:

- Census Child Count (if the child is not currently on record)
- Eye Report
- Audiological Report
- Speech-Language Assessment Report
- Functional Vision Assessment Report
- Psychological Report
- Student's IFSP or IEP

Please take whatever action is required by your LEA or agency/program to be able to share these documents with SCIDB Project if requested.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

#### Office Use Only:

Service Notice:       Targeted       Comprehensive

Date Received: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Case Assigned to: \_\_\_\_\_ on \_\_\_\_\_

Initial Contact by: \_\_\_\_\_ on \_\_\_\_\_