

Please mail / fax / or e-mail to :
ASU Childhood Services Attn: TA Coordinator
P.O. Box 808 State University, AR 72467
E-Mail: ta@astate.edu
Telephone (870) 972-3055 Toll Free (888) 429-1585
Fax (870) 972-3556 Website: http://chs.astate.edu

TA

Regular

REQUEST FOR TRAINING AND/OR TECHNICAL ASSISTANCE

License Number: _____ Agency Administering the Program (if applicable) : _____
(i.e. School District, Educ. Coop, Church, N/A)

Name of Site: _____ County: _____

Name of Program Administrator: _____ Title: _____

Admin. Office Telephone: _____ Site Telephone : _____

E-mail Address: (where review report will be sent) _____

PHYSICAL Address of Center:

MAILING Address of Center: (If Different)

_____ Street

_____ Street/P.O. Box

_____ City State Zip Code

_____ City State Zip Code

DHS Licensing Specialist: _____ CCLS Phone #: _____

Area of TA: _____ Infant/Toddler _____ Preschool _____ Ounce
 _____ School Age/Out of School Time _____ Family Home _____ Work Sampling

Please select a maximum of 2 topics as the focus of this TA visit.
Additional visits may be required to address additional topics.

Does this program participate in any of the following?

	Room Arrangement		Curriculum		ECERS	Observation / Documentation	ABC	
	Transportation		Administrative		ITERS	Guidelines / Checklist	Better Beginnings Level _____	
	Behavior\Guidance		Schedule		FCCERS	Portfolio	Quality Initiative	
	Playground		Minimum Licensing		SACERS	Summary Report	Conscious Discipline Project *	
	Ratio		Supervision		YYPQA	Better Beginnings	Quality First Coaching Project	
	PAS-Program Scale		Review ERS Assessment		YPQA	Application	Voucher Program	
	BAS-Family Home Scale		Work Sampling		OUNCE	Information	Head Start	
	Other Please List:							Work Sampling \ OUNCE
								Curriculum Project

Please explain your specific goals for this visit:

***Conscious Discipline TA requires that you have attended the 6 day Conscious Discipline training.**

Name and title of person making request _____ Date Requested _____

To be completed by Childhood Services:

Control Number _____ Region / Coordinator _____ Date Assigned _____