

Please mail / fax / or e-mail to :
A-STATE 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 : _____

Admin. 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 #: _____

TA Specialist will work with: _____ Infant/Toddler Rooms _____ Preschool Rooms

_____ Family Home _____ School Age/Out of School Time _____ Administrator

Please select a maximum of 2 topics as the focus of this Technical Assistance support.
Additional support may be required to address additional topics.

Does this program participate in any of the following? Check all that apply

<input type="checkbox"/>	Minimum Licensing	<input type="checkbox"/>	Conscious Discipline *	<input type="checkbox"/>	ECERS-3	<input type="checkbox"/>	Observation / Documentation
<input type="checkbox"/>	Supervision	<input type="checkbox"/>	Curriculum	<input type="checkbox"/>	ITERS	<input type="checkbox"/>	Portfolio
<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Schedule	<input type="checkbox"/>	FCCERS	<input type="checkbox"/>	Better Beginnings Level ____
<input type="checkbox"/>	Behavior/Guidance	<input type="checkbox"/>	Transitions	<input type="checkbox"/>	SACERS	<input type="checkbox"/>	BB General Information
<input type="checkbox"/>	Ratio	<input type="checkbox"/>	Room Arrangement	<input type="checkbox"/>	SAPQA	<input type="checkbox"/>	BB Application
<input type="checkbox"/>	Playground	<input type="checkbox"/>	Review ERS Summary Report	<input type="checkbox"/>	YPQA	<input type="checkbox"/>	PAS-Program Scale
<input type="checkbox"/>	Administrative	<input type="checkbox"/>	Work Sampling	<input type="checkbox"/>	OUNCE	<input type="checkbox"/>	BAS-Family Home Scale

☐ ABC or ABCSS Program

☐ Better Beginnings Level _____

☐ Endeavour

☐ Voucher Program

☐ Head Start

☐ Early Head Start

☐ Special Project

☐ Other

Other Please List:

What do you hope will be accomplished during this technical assistance?

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

Name and title of person making request

Phone Number

To be completed by Childhood Services:

Control Number

Region / Coordinator

Date Assigned