TECHNICAL ASSISTANCE REQUEST FORM

Childhood Services

We are thrilled to partner with you to provide high-quality experiences for children. A-State Childhood Services is trained to provide coaching, professional development, and on-site technical support at no charge to help you reach your goals. Please submit this request to: **TA@AState.edu**

Facility Name :

Street Address : City: Zip: County:

Contact Name : E-Mail :

License Number : Phone :

Child Care Service Specialist Name : CCSS Phone :

This request will work with:

- ☐ Infant or Toddler Rooms
- ☐ Family Home
- ☐ Administrator
- ☐ Preschool Rooms
- ☐ School Age / Out of School Time

Check all that your program participates in:

- ☐ ABC or ABCSS
- ☐ Better Beginnings Level ____
- ☐ Voucher Program
- ☐ Endeavour
- ☐ Head Start
- ☐ Early Head Start
- ☐ Special Project
- ☐ Other

Please select a maximum of 2 topics as the focus of this request.

☐	Minimum Licensing	☐	Administrative	☐	ECERS - 3	☐	OUNCE
☐	Supervision	☐	CLASS	☐	ITERS - 3	☐	Observation / Documentation
☐	Behavior/Guidance	☐	Conscious Discipline *requires 6 day CD training	☐	FCCERS - 3	☐	Portfolio
☐	Ratio	☐	Curriculum	☐	SACERS U	☐	Better Beginnings Level ___
☐	Playground	☐	Room Arrangement	☐	SAPQA	☐	BB General Info
☐	Transitions	☐	Review CQI Report	☐	YPQA	☐	BB Application
☐	Schedule	☐	Work Sampling	☐	OQA	☐	PAS - Center Scale
☐	Other (Please list)					☐	BAS - Family Home Scale

Please share additional information regarding this Technical Assistance Request:

Name & Title of Person Making Request: _____ **DATE:** _____