

## Technical Assistance Request Form

### Introduction

#### What is Technical Assistance?

**Technical Assistance (TA)** is an opportunity for early childhood education facilities which are licensed by the State of Alaska or Municipality of Anchorage to receive consultation services from **thread**. TA services are defined as Individual Child Consultation and/or Programmatic Consultation and can include informal observations, goal setting, supplying resources related to the scope of TA, and individualized coaching.

**Individual Child Consultation (ICC)** is used to support an individual child who may have special needs and/or challenging behaviors while in the early care and learning facility. Consultation may involve discussions with the facility and/or family about their goals for seeking TA, conducting informal observations of the child in the facility, and working collaboratively to develop strategies which will support the child while in care. The facility and/or the parent or guardian may request an Individual Child and Family Consultation. Regardless of who initiates the request a Release of Information (ROI) allowing the facility and **thread** staff to communicate with one another about the child must be signed by the parent or guardian.

**Programmatic Consultation** is based on program improvement, other than for Individual Child and Family Consultation, and can involve a consultant working with the administrator and/or individual teachers. The scope of work varies for Programmatic Consultation as it can involve any area of improvement the facility identifies either for the facility as a whole and/or for a specific classroom. Programmatic Consultation can be voluntary as identified by the facility or based on recommendations from licensing and may include TA that is either onsite and/or through email or phone.

Each early childhood education facility licensed in the State of Alaska or Municipality of Anchorage may request up to 10 hours of Programmatic TA each fiscal year (July 1 – June 30) at no cost to the facility. If the scope of the TA requested will exceed the 10 free hours, the program may elect to continue TA with **thread** by contract to pay for the additional service. Please contact **thread** to receive a quote for additional TA services.

#### FOR MORE INFORMATION:

Phone: 907.265.3100 or 1.800.278.3723

#### SUBMIT COMPLETED REQUEST FORMS TO:

info@**thread**alaska.org  
fax: 907.265.3191 or toll free fax: 1.877.563.1959

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### TYPE OF TECHNICAL ASSISTANCE REQUESTED

Individual Child Consultation (ICC)

Programmatic Consultation

### REASON FOR TECHNICAL ASSISTANCE

Voluntary

Licensing Mandated

### REFERRAL INFORMATION

Name of person making request: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to child or position in facility: \_\_\_\_\_

Facility name: \_\_\_\_\_

Facility address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for request:

### FOR INDIVIDUAL CHILD CONSULTATIONS (ICC) ONLY:

Child's name: \_\_\_\_\_ Child's age: \_\_\_\_\_

Classroom: \_\_\_\_\_ Teacher(s): \_\_\_\_\_

Parent or guardian name: \_\_\_\_\_

Parent or guardian phone: \_\_\_\_\_

Parent or guardian email: \_\_\_\_\_

Parent or guardian has signed a Release of Information (ROI) allowing the facility and **thread** staff to communicate with one another about the child? Yes No

## Release of Information for Individual Child Consultation (ICC)

The purpose of the Release of Information (ROI) is to exchange information between the early childhood education facility and **thread** consultants to support an individual child who may have special needs and/or challenging behaviors while in the early childhood education facility.

The ROI is valid for six months from the date signed unless otherwise noted by the parent or guardian. All information is confidential and may only be discussed between the parties indicated on the ROI in relation to the Individual Child and Family Consultation. **thread** staff are mandated by law to report suspected child abuse and/or neglect and may release information to the appropriate authorities as necessary to report these suspicions without being in conflict of confidentiality.

I, (parent's name) \_\_\_\_\_, authorize the mutual exchange of information regarding (child's name) \_\_\_\_\_ between **thread** and the following (check all that apply):

Name of early childhood education facility: \_\_\_\_\_

Name of child's school: \_\_\_\_\_

Anchorage School District

Kenai Peninsula Borough School District

Matanuska-Susitna Borough School District

Other, please specify: \_\_\_\_\_

Anchorage Community Mental Health Services

Other: List physicians, specialists, and/or agencies with contact information:

The exchange of information may include (as applicable):

- Communication through verbal or written means
- Review of informal observation(s) conducted by **thread** staff
- Copies of records documenting a child's special needs and/or services related to these such as medical records, an Individual Family Service Plan (IFSP) or Individual Education Plan (IEP)
- Plan of Care for a Child With Special Needs form

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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