

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



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

 City State Zip Code

 Street/P.O. Box

 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

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