

CASSI™ Autism Technical Assistance Request Form

School System Name:

Contact Information:

1. **Name:**
2. **Title:**
3. **Email:**
4. **Phone Number:**

Request Type:

1. **Needs Assessment:**
2. **Program Development:**
3. **Staff Training:**
4. **Curriculum Development:**
5. **Evaluation and Data Analysis:**
6. **Other (Please specify):**

Brief Description of Request:

Specific Goals:

Desired Outcomes:

Timeline:

Budget:

Section 1: General Information

1. **Number of Schools:**
2. **Total Enrollment:**
3. **Number of Students with Autism:**
4. **Current autism-related programs or initiatives:**

Section 2: Current Training Practices

1. **How often does your school system provide autism-related training to staff?**
 - o *Annually*

- *Biannually*
 - *As needed*
 - *Not at all*
2. **What are the primary topics covered in these training sessions?** *(Select all that apply)*
- *Autism spectrum disorder (ASD) overview*
 - *Communication strategies*
 - *Behavioral interventions*
 - *Social skills development*
 - *Assistive technology*
 - *IEP development and implementation*
 - *Inclusive education practices*
 - *Sensory processing and accommodations*
3. **Who typically participates in these training sessions?**
- *Teachers*
 - *Special education teachers*
 - *Paraprofessionals*
 - *Administrators*
 - *Related service providers*
 - *Other staff members*

Section 3: Perceived Training Needs

1. **What areas do you believe require additional training or professional development for your staff?**
- *Early identification and diagnosis of autism*
 - *Supporting students with autism in inclusive settings*
 - *Addressing challenging behaviors*
 - *Promoting social and emotional development*
 - *Utilizing assistive technology effectively*
 - *Understanding and implementing evidence-based practices*
 - *Collaborating with families of students with autism*
 - *Other:*
 - *Other:*
2. **Are there specific training formats or delivery methods that you prefer?** *(Select all that apply)*
- *In-person workshops*
 - *Webinars*
 - *Mentoring or coaching*

Section 4: Challenges and Barriers

1. **What are the primary challenges or barriers to providing effective autism training in your school system?**
- *Limited resources*
 - *Time constraints*

- *Lack of qualified trainers*
- *Resistance to change*

Thank you for your interest in requesting technical assistance. *We will review your request and contact you to discuss your needs further.*

Please submit this form to Stripling@KennedyKrieger.org.