



TEACCH TRAINING REQUEST FORM

Date:

Agency:

Contact Person:

Address:

Phone Number:

Email:

What is the reason for the request?

What are the goals for the training?

Who is the group to be trained? How many participants do you anticipate needing to be trained?

Please briefly describe the population of individuals served by your program (e.g., age range, level of functioning, severity of problems)

What experience, if any, has your agency had with TEACCH?

What time frame do you have in mind for the training?

What is the source of your funding and how certain is it?

Other comments not addressed above:

RETURN TO:

Lee M. Marcus, Ph.D. Interim Director of Training
TEACCH, CB#7180 University of North Carolina
Chapel Hill, NC 27599-7180
Email: marcus@med.unc.edu
Phone Number: 919-966-8196 Fax: 919-966-4127