

Packet Checklist

Items to Mail to TEACCH:

- History Form
- Copy of Insurance Card(s)
- Professional Referral (if seeking an evaluation – often the Primary Care Provider completes this form)
 - That was included in the packet mailed to you;
 - Already mailed to us by a referring provider; or
 - Will be mailed by referring provider
- Parent Questionnaire
- Research Registry Forms
- Copies of previous evaluations (and most recent school IEP or 504 plan if applicable)
 - If seeking treatment services, include a copy of the evaluation that contains the diagnosis of autism; or
 - If seeking an evaluation, provide copies of any previous evaluation reports

For additional copies of our forms, you may go to www.teacch.com → Regional Centers → Greenville → Referral Information → pick the age group for the client forms. Forms may be mailed or faxed to:

Greenville TEACCH Center
108-D West Fire Tower Rd.
Winterville, NC 28590

Phone: 252-830-3300 Fax: 252-830-3322

Once received, the packet will be reviewed by an Autism Specialist who will contact you to discuss services. This process may take a week or two from the time it is received. If you are having difficulty completing this information, please contact our office for assistance.