

**Technical Assistance Service Plan**

Project for NM Children & Youth Who Are Deafblind  
 Center for Development & Disability  
 2300 Menaul NE  
 Albuquerque, NM 87107  
 (505) 272-0321 or toll free (877) 614-4051

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Program/School Name: \_\_\_\_\_

TA Recipient (family/school): \_\_\_\_\_ Deaf-Blind Specialist/TA Provider: \_\_\_\_\_

Topic(s) of Consultation (please circle) Academics, Behavior, Collaborative Planning, Communication, Family-Specific Training, IEP/IFSP Quality, Inclusion (School or Community), Recreation, Resources for Families, Self-help, Social skills/friendship, Transition, Vision/Hearing, Work, Other \_\_\_\_\_

Team Members:	Name	Role
_____	_____	_____
_____	_____	_____
_____	_____	_____

Specific Goal(s) of TA: \_\_\_\_\_

Best Method(s) for TA:  Individual TA visit - home  Individual TA visit - school  Information  Staff Inservice  Other

Strategies to Meet Goal(s)	Person(s) Responsible	Estimated Completion Date	Actual Completion Date	Actual Outcome