

Workshop / Presentation Referral Form To Advancing Opportunities

(this form is used by entities or people who have a contract with us, to request services)

Entity: _____ Date: _____
(or person we are contracted with)

This request has been approved by the authorized signer, based on contract with Advancing Opportunities, effective from _____ to _____.

Contact Person

Name:			
Address:			
City:	State: <u>NJ</u>	Zip:	
Phone #:			Fax:
E-Mail:			

Services Requested

- Half-day Workshop** (3 hours or less) **Full-day Workshop** (more than 3 hours)
- ___ **Augmentative Communication:** low-tech and high-tech aids to communication using symbols (objects, photos, illustrations, words) with or without voice output.
- ___ **Assistive Technology:** all other evaluations, including computer access (alt to standard keyboards and mice), technology to support reading and writing, worksite accommodations, accessibility, etc.
- To Ensure Workshop Skills Are Practiced:** Technical Assistance is recommended after workshops, so that attendees will have support when practicing new skills
- ___ # Hours Requested, or ___ Please contact me to discuss number of hours needed

Learner Outcomes: What should attendees be able to do after attending this training?

Date(s) and Times

Location (where workshop will be provided)

Entity:			
Address:			
City:	State: <u>NJ</u>	Zip:	
Phone #:			

of Projected Attendees: _____

We use our own workshop evaluation forms
(if so, we would appreciate receiving a copy of this feedback as well)

Audience Representative (i.e., someone who will be in the training, or who represents those in the training, whom we can ask more detailed questions, to ensure that the workshop is targeted to current needs.)

Name	Role	Phone #	E-mail

Additional information we should know:

To make a referral:

- Step 1: Get authorization for service from the contract signer;
- Step 2: Mail directions to address below;
- Step 3: Complete this form and mail or fax it to:

Advancing Opportunities
Attn: ATS Admin. Assistant
1005 Whitehead Road Ext.
Suite 1
Ewing, NJ 08638
(f) 609-882-4054

The contact person will be contacted in order to confirm all information. If you have any questions, please give us a call: 888-322-1918, x595.
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For Advancing Opportunities Staff Only:

<i>Primary Staff Contact:</i>	
<i>Service Type:</i>	<i>Service Subject:</i>
<i>Service Location:</i>	<i>Source:</i>