



Specialized Assistance Request Form

Due to staff schedule limitations, requests for on-site PSA might be placed on a waiting list.

Assistance Requested By: Center Family Child Care Group Family Child Care
 Family, Friend, or Neighbor Care School Age Program

Contact Name / Title: _____ Center/Child Care Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____ Number of staff: ____ Number of children at site: ____

Type of Assistance Requested:	Date of Request: _____
<input type="checkbox"/> Written or Video Materials	
<input type="checkbox"/> Phone Consultation. Best days/times for call: <input type="radio"/> Mon:____ <input type="radio"/> Tue:____ <input type="radio"/> Wed:____ <input type="radio"/> Thur:____ <input type="radio"/> Fri:____	
<input type="checkbox"/> On-site Consultation. Best days/times for visit: <input type="radio"/> Mon:____ <input type="radio"/> Tue:____ <input type="radio"/> Wed:____ <input type="radio"/> Thur:____ <input type="radio"/> Fri:____ <input type="radio"/> Cabinet Office	
<input type="checkbox"/> On-site Staff Training & Consultation. Best days/times: <input type="radio"/> Mon:____ <input type="radio"/> Tue:____ <input type="radio"/> Wed:____ <input type="radio"/> Thur:____ <input type="radio"/> Fri:____ <input type="radio"/> Sat:____ <i>Please note: There will be a charge for on-site training of staff. Fee will be calculated based on number of attendees, subject matter, and number of training hours provided.</i>	
Is this request a result from attending an Early Childhood Training? <input type="radio"/> No <input type="radio"/> Yes (Name of Training): _____	

✓ Area of Assistance Requested:	
<input type="checkbox"/>	Room Arrangement and Materials: Help in arranging the room and choosing materials to better facilitate learning, positive behavior, health and safety. Please indicate the ages of the children in classroom needing modification: _____ <i>Select if:</i> <input type="radio"/> New Facility <input type="radio"/> Existing Facility <input type="radio"/> Adapting environment for children's special needs
<input type="checkbox"/>	Observation & Assessment: Assistance in developing written assessment plans as well as using portfolios, checklists, rating scales and screening tools to monitor and support the development of each child. <input type="radio"/> Written Assessment Plans <input type="radio"/> Observation & Documentation Tools
<input type="checkbox"/>	Office Support: Help in creating an office organization system or understanding computer software. <i>Please select:</i> <input type="radio"/> Software Tips (software used: _____) <input type="radio"/> File organization <input type="radio"/> Billing <input type="radio"/> Parent Handbook <input type="radio"/> Staff Policies & Procedures <input type="radio"/> Staff Scheduling <input type="radio"/> Marketing <input type="radio"/> Other: _____
<input type="checkbox"/>	The Children's Cabinet Subsidy Program: Help in understanding any part of the Children's Cabinet Subsidy Program. <input type="radio"/> Certificates <input type="radio"/> Timesheets & Reimbursement <input type="radio"/> Rates <input type="radio"/> Calculating Co-payments <input type="radio"/> Specific Client Questions <input type="radio"/> Other: _____
<input type="checkbox"/>	Daily Schedule, Routines, Transitions: Help in developing or modifying the schedule to support the individual and group needs of children, support children's learning and encourage them to engage in desirable behaviors. <input type="radio"/> Circle <input type="radio"/> Outside time <input type="radio"/> Meals <input type="radio"/> Nap <input type="radio"/> Arrival/Departure <input type="radio"/> Free Play <input type="radio"/> Directed / Structured Play <input type="radio"/> Transitions <input type="radio"/> Daily schedule <input type="radio"/> Other: _____
<input type="checkbox"/>	Supporting Relationships: Help to encourage communication and meaningful relationships between: <input type="radio"/> Staff and Children <input type="radio"/> Staff and Families <input type="radio"/> Staff in your Program <input type="radio"/> Children in your Program
<input type="checkbox"/>	Curriculum: How to develop and/or select curriculum for your program. Select age group(s): <input type="radio"/> Infant <input type="radio"/> Toddler <input type="radio"/> Pre-school <input type="radio"/> School-age
<input type="checkbox"/>	Family, Friend, or Neighbor Child Care Provider (Unlicensed): <input type="radio"/> Become Licensed <input type="radio"/> Activities for Children <input type="radio"/> Children's Behavior <input type="radio"/> Understanding the Subsidy Program <input type="radio"/> Other _____
Specific Needs or Questions:	

Send Provider Specialized Assistance Form to the address / fax below (Attention: Provider Services)
or e-mail your request to: kmeranda@childrenscabinet.org

