FAMILY CONSULTATION REQUEST FORM
Kentucky Autism Training Center

*A **Family Consultation** is a meeting (by telephone or at the KATC office) between a staff member of the Kentucky Autism Training Center and a family who lives in Kentucky to discuss general information and concerns about autism spectrum disorders. There is no charge for this service. To better deliver this service; please provide us with the topics and concerns you would like to discuss during your consultation.*

Parent/Guardian Names: _____

Individual Name: _____ **DOB/Age:** _____ **County:** _____

Address: _____ **City** _____ **State** _____ **Zip:** _____

Daytime/Evening Phones: _____ **Email Address:** _____

Meeting type requested: ☐ Telephone meeting **OR** ☐ at KATC (on UofL's Belknap Campus in the CEHD)
Approx. waiting period: (approx. one week) (approx one month)

Note: Requests for off site meetings must be approved by Rebecca Grau at the KATC.

Topics or concerns to be addressed during this meeting:

__ *Communication*
__ *Educational (i.e. Transition, Inclusion, Environmental)*
__ *Behavior*
__ *Social Skills*
__ *Independent Living*
__ *Newly Diagnosed w/ASD*
__ *Toilet Training (must submit 2 weeks of toileting data and questionnaire prior to meeting.)*
__ *Resources in KY*
__ *Vocational/Employment Issues*
__ *Self Help*
__ *Adolescent/Adult Issues*
__ *Visual Supports*
__ *Sibling Issues*
__ *Sexuality*
__ *Other (please specify)*
_____
_____
_____

Persons who will be involved in this meeting and their roles:

Name	Role/Relationship
_____	_____
_____	_____
_____	_____

I am submitting the following documents for KATC to review prior to the meeting:

__Assessments (Psych, OT, Speech, etc.) __IEP __Video __Toileting Data & Questionnaire __Other:_____

Signature: _____ **Date:** _____

Please return completed forms to:
FAMILY SERVICES - KATC/CEHD Dean's Office, University of Louisville, Louisville, KY 40292
Or FAX to 502-852-7148. If you have any questions, please call the KATC at 502-852-4631 or toll free at 1-800-334-8635 ext. 852-4631. You will be contacted by a KATC staff member shortly after we receive your request. **Thank You!**

FOR OFFICE USE ONLY

KATC Staff Member: **Date of Consultation:** **Via: _____ Phone _____ KATC**

Communication Notes: **COMPLETE? YES NO DATE: _____**