**Request for Consultation Services**

For consultations, my focus is on preschool children through high school students who have challenges in the areas of social communication, socialization and emotional regulation, including children or students with diagnoses of autism spectrum disorders, developmental disabilities and/or emotional-behavioral challenges.

Consultations may be on a child/student specific level, or programmatic level involving multiple students, classrooms or system-wide considerations. I prefer to consult on an ongoing basis (multiple visits over a school year) to address questions/concerns in a comprehensive manner and to help a systems build capacity. I rarely accept isolated one-time consultations (depends on circumstances). My consultations are scheduled as half or full day, and are billed on a flat-rate basis.

**Issues we can address during consultations include:**

* Strategies to support socialization and social communication, including strategies to support successful inclusion
* Understanding and preventing problem behaviors in students
* Supporting staff in developing and maintaining positive relationships with families
* Preparation for transitions and placement questions
* Support for implementation of the SCERTS Model (for agencies or schools adopting The SCERTS Model)

**My guiding principles as a consultant**

I view my role as a team member, rather than an outside “expert” prescribing to teams or parents. I always view a child or student’s team (including parents) as the experts. My role is to offer another “set of eyes” and, when appropriate, a different perspective that results in specific recommendations for goals and supportive strategies.

My consultation work is guided by child/person-centered and family-centered principles. I work with teams to better understand a child/person’s unique pattern of developmental strengths and needs. I always prefer to include parents as full partners in my consultations.

**Consultation Request Form**

If you are interested in consulting services, fill out and submit this form.

Student’s Name/Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your name/relationship to child/program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Best time(s) to contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Consult Request (Please circle): Individual Programmatic

Age of child(ren) or student(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list 2-4 concerns/questions or areas of development you wish to address in a consultation

Time frame:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thanks for your interest! We will be back in touch within 10 business days.