North Carolina Family-Centered Meetings Project Technical Assistance & Learning Support (TALS) Request Form



Hello! Thank you for your interest in these individualized services for your agency. To best meet your needs, please take a moment to fill out this brief checklist and your contact information so that we may promptly reach you to explore possibilities for your agency. We are looking forward to working with you!

Date of Request	
Name and Title	
Requesting DSS Agency	
Agency Address	
Telephone	
Email	
Fax	
Coaching/Men Mini-workshop Observation of Implementatio On-Site trainin	e service(s) you are interested in exploring: toring in all phases or elements of a meeting p/Trainer Presentation – special topics f Meeting with Debriefing n Assistance ags in current curricula asse explain):

Please return completed form to your trainer or mail the form to: Billy Poindexter, TALS Coordinator, Attention: TALS, NCSU Campus Box 8622, Raleigh, NC 27695-8622.

For additional information, please contact Billy Poindexter by email: <u>wtpoinde@gw.ncsu.edu</u>

Project Use Only

Type of TALS Event Date of Initial Contact						
Designated Date Event of Final Follow	Scheduled _	Date Event Held				
Date	Туре	Contact Name	Progress	Status		
