



190 Crossroads Pkwy.  
Savannah, GA 31407  
(912) 443-3011

## CCR&R Technical Assistance Request Form

<b>Requestor's Name</b>	
<b>Position</b>	

<b>Date of Request</b>		<b>License/Registration #</b>	
<b>Program Name</b>			
<b>Director</b>			
<b>Address</b>			
<b>County</b>			
<b>Contact Person(s):</b>			
<b>Phone</b>		<b>Fax</b>	
<b>Email</b>			
<b>Type of Facility</b>	<input type="checkbox"/> Center	<input type="checkbox"/> Other: _____	
	<input type="checkbox"/> Family Child Care	<input type="checkbox"/> Group Day Care	
	<input type="checkbox"/> Head Start/EHS	<input type="checkbox"/> GA Pre-K	

<b>Reason for Request</b>	<input type="checkbox"/> Request information about inclusion of children with special needs.	<input type="checkbox"/> Quality Improvement: _____	<input type="checkbox"/> Other: _____
		<input type="checkbox"/> Accreditation	
<b>Please provide any details related to the need for TA in this situation, including any specific focus areas:</b>			

<b>Requestor's Signature</b>	<b>Date</b>

### CCR&R OFFICE USE ONLY

<b>CCR&amp;R Office Response</b>		
<b>Date Request Received:</b>		
<b>TA Staff Assigned</b>	<b>Date</b>	