

Consultant Information



Name _____

Employer/Agency Affiliation _____

Address _____

Phone _____ Fax _____ TDD _____

Email _____ Website _____

Profession _____ Certification/License/Degree(s) _____

Total years experience within your field _____ Years of experience with AT _____

Please rate your ability to provide quality services to the following age and disability groups using the scale provided:

- 1 – very confident
2 – confident
3 – somewhat confident/learning new skills
4 – not confident but very interested in learning
5 – not confident

Age Group(s):

- _____ Birth-3 yrs
_____ 3-12 yrs.
_____ 13-18 yrs.
_____ 18-59 yrs.
_____ 60+ yrs

Disability group(s):

- _____ Developmental Disabilities (mental retardation)
_____ Learning Disabilities
_____ Orthopedic Disabilities
_____ Hearing Impairments
_____ Visual Impairments
_____ Acquired Neurological Impairment
_____ Mental Health
_____ Other (specify) _____

Region(s) Served (check all that apply): _____ Kent County _____ New Castle County _____ Sussex County
_____ Other (specify) _____

Please describe your current role in providing AT services.

Please describe your experience in providing inservice training to consumers, families/colleagues, and professionals.

Do you wish to be listed as a private contractor/consultant? _____ Yes _____ No

If you work for an agency, do you wish also to be listed as a private contractor/consultant? _____ Yes _____ No

If yes, please provide any additional information below if it is **different** from above.

Address: _____

Phone # _____ Fax # _____ Email _____ Over →

Consultant Name: _____

Please indicate the years of experience you have had with each service in the column marked **Yrs Exp**. Using the codes that follow, please indicate in the **Frequency** column how often you *currently* perform these activities.

1- very often (at least 1x/week); **2- often** (at least 1x/month); **3- occasionally** (more than 1x/yr); **4- infrequently** (less than 1x/yr)

Activities ⇒ Services↓	Equipment Fabrication		Equipment Loan		Equipment Maintenance or Repair		Equipment Modification/ Customization		Equipment Recycling		Equipment Sales/ Rental		Evaluation		Funding Information and Advocacy		One-on-one intervention/ client training		Product Demo	
	Yrs Exp	Freq	Yrs Exp	Freq	Yrs Exp	Freq	Yrs Exp	Freq	Yrs Exp	Freq	Yrs Exp	Freq	Yrs Exp	Freq	Yrs Exp	Freq	Yrs Exp	Freq	Yrs Exp	Freq
Adaptive Driving																				
Adaptive Sports/Recreation																				
Adaptive toys/Games																				
Alternate Formats																				
Architectural Accessibility																				
- Home																				
- Public																				
Assistive Listening																				
Augmentative and Alternative Communication																				
Computer Access																				
Computer Based Skill Development																				
Educational Access																				
Accommodation - Math																				
- Reading																				
- Writing																				
Environmental Control/Switches																				
Low Vision Aids																				
Memory/Organizational Aids																				
Mobility																				
Other (please specify)																				
Prosthetics/orthotics																				
Seating & Positioning																				
Self Care/Activities of Daily Living (ADLs)																				
Service Animals																				
Vehicle Modification																				
Worksite Modifications																				

Please return your completed form in the enclosed business reply envelope or mail first class to DATI, UDEL/duPont Hospital, P. O. Box 269, Wilmington, DE 19899-0269.