Informational Session Request

Connecticut Birth to Three System

Hospital/Practice/Office/Program Name: _____

Name of Person to contact: _____

Address: _____
street town zip

phone (_____) _____ fax (_____) _____

e-mail: _____

Please let me know the most convenient way to reach you (circle one):
phone fax e-mail

I would like a Birth to Three trainer to visit our office. I am most interested in learning about *(check all that apply)*:

____ B-3 overview
____ referral process
____ eligibility
____ IFSPs (service plans)
____ service provider programs
____ hearing specialty programs
____ transition /exit
____ philosophy/ coaching model
____ parent fees
____ Ages and Stages questionnaires *(for parents of children not eligible for B-3 to track their child's ongoing development)*

____ other: _____

Please list three (3) possible dates and times. I will try to match your requested visit schedule.

1st choice of date: _____ best time: _____

2nd choice of date: _____ best time: _____

3rd choice of date: _____ best time: _____

Length of session requested *(ranges from 15 – 60 minutes):* _____

Please fax to Eileen McMurrer, B-3 Public Awareness Coordinator
***at* 860-418-6003**
Questions? Contact Eileen at 860-418-6134 or eileen.mcmurrer@ct.gov