**TECHNICAL ASSISTANCE REQUEST / EVALUATION FORM**



**EMAIL TO:** **CTBirth23@ct.gov**

**Program /Contact Name:**

Date: Phone: E-Mail:

**How was the need for TA identified?**

|  |  |
| --- | --- |
| \_\_\_ Staff request\_\_\_ Program director\_\_\_ QPSA\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Accountability, Monitoring, Priority Rubric\_\_\_ Self-Assessment\_\_\_ Complaint |
|  |  |

**Proposed TA outcomes:**

**1**.

**2**.

**Proposed Audience (Who/ How many)**

**---------------------------------------------------------------------------------------------------------------------------------**

**For Lead Agency**

**Date program was contacted: Date TA scheduled for:**

**Who is providing TA: Format of TA:**

**EVALUATION OF TA PROVIDED (Filled out by program after TA)**

**How successfully did TA address desired outcomes?**

**Any follow-up needed and/or desired (describe)?**

**Suggestions:**

**Name of person completing evaluation:**

**Date:**