**Virginia Project for Children and Young Adults with Deaf-Blindness**

**Targeted/Specific or Intensive/Sustained TA Agreement**

***State deaf-blind projects have permission to adapt this tool for use by their own projects. Please include appropriate citation information. For example, "Adapted with permission from [document name, state deaf-blind project name, date (if available)]."***

**Child’s Name: Date:**

**TA priorities needs identified by team:**

**Targeted outcome(s) identified by team (for team and student):**

**Concerns and background information provided by TA recipients:**

| **Activities:** | **Timeline:** | **Person(s) Responsible:** |
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**Outcome Measurement Procedures:**

**Parent Signature Date Parent Signature Date**

**School Administrator Signature Date Project Director Signature Date**