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

**Universal/General TA Planning Form**

***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:**

**Observation notes** (activities, access to materials, access to communication, predictable routine/schedule, trusting relationship between student and adult, student engagement):

**Suggestions and recommendations:**

**Additional resources to address TA priorities:**