

# Resource Map for: \_\_\_\_\_

## Educational Services:

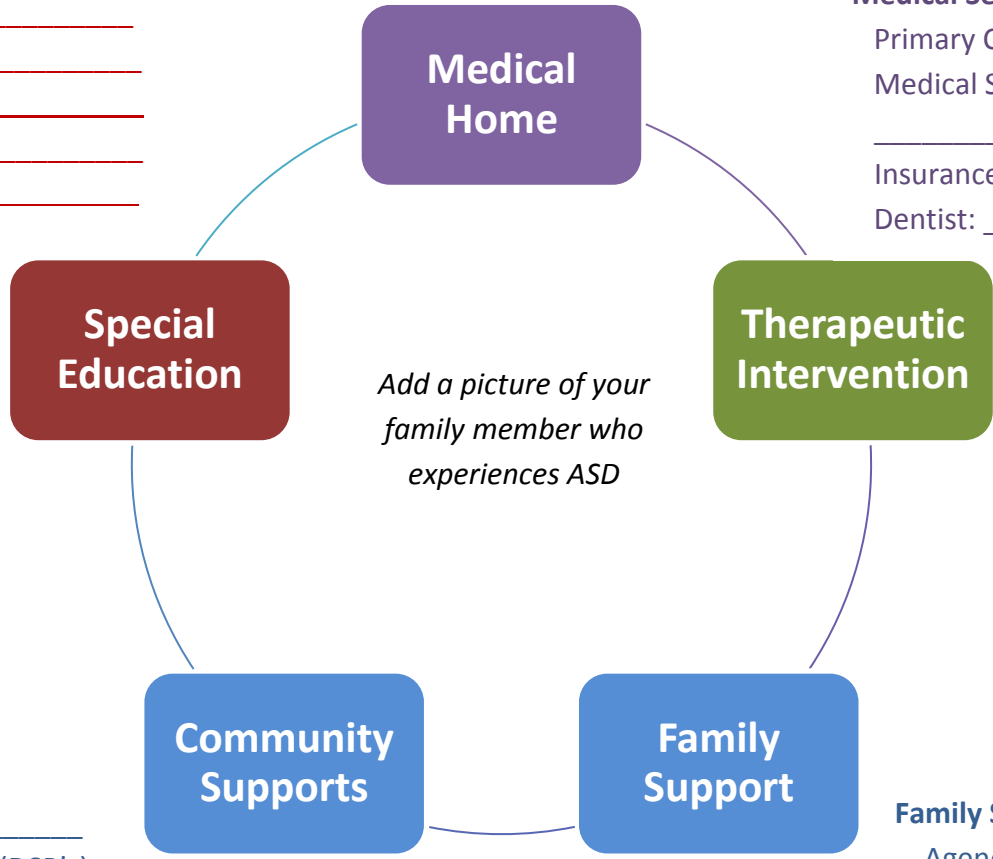
Case Manager: \_\_\_\_\_  
 General Ed Teacher(s): \_\_\_\_\_  
 Para-professional: \_\_\_\_\_  
 Speech (SLP): \_\_\_\_\_  
 Occupational Therapy: \_\_\_\_\_  
 LEA: \_\_\_\_\_  
 School Psychologist \_\_\_\_\_  
 Advocate: \_\_\_\_\_

## Primary Care Practice \_\_\_\_\_

Funding: Private Insurance & Medicaid

## Medical Service

Primary Care Provider: \_\_\_\_\_  
 Medical Specialist(s): \_\_\_\_\_  
 \_\_\_\_\_  
 Insurance Carrier(s): \_\_\_\_\_  
 Dentist: \_\_\_\_\_



**SAU #** \_\_\_\_\_  
 Funding: Special Ed & Medicaid to Schools

Add a picture of your family member who experiences ASD

## Therapeutic Services

Speech (SLP): \_\_\_\_\_  
 OT: \_\_\_\_\_  
 BCBA: \_\_\_\_\_  
 Line Provider(s): \_\_\_\_\_  
 Other(s): \_\_\_\_\_

Funding: Insurance (private and/or Medicaid)

## Community Supports

Case Manager \_\_\_\_\_  
 Direct Support Professional(s) (DSP's) \_\_\_\_\_  
 \_\_\_\_\_  
 Adaptive or other recreation \_\_\_\_\_  
 \_\_\_\_\_  
 Natural Supports \_\_\_\_\_  
 \_\_\_\_\_

## Area Agency or CMHC:

Funding: Medicaid

## Family Supports

Agency FS Coordinator \_\_\_\_\_  
 FS Council President: \_\_\_\_\_  
 Respite Provider(s): \_\_\_\_\_  
 Parent-2-Parent connection: \_\_\_\_\_  
 \_\_\_\_\_

Please keep in mind that every family is different. Use the categories above that are helpful to you; or make your own so that this reflects your unique experience.