

**Paul V. Sherlock Center on Disabilities**

Publication Order Form

Orders may be placed by:

**Phone:** (401) 456-8072 (V) or (401) 456-8773 (TDD)

**Fax:** (401) 456-8150

**Mail:** Sherlock Center  
Rhode Island College  
600 Mount Pleasant Ave.  
Providence, RI 02908

**Make check payable to:**  
Sherlock Center/Rhode Island College

A Purchase Order must accompany orders placed by fax.

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To request a publication in an alternate format, call Mary Anne Pallack at (401) 456-8072 (V) or (401) 456-8773 (TDD).

TITLE	Quantity	COST	Shipping	TOTAL
Early Childhood Transition Passport – pack of 3 (parents only)		\$2.00	NA	
Early Childhood Transition Passport – pack of 12		\$9.00*		
Early Childhood Transition Passport – pack of 25		\$16.00*		
Effective Practices for Students with Disabilities that Significantly Affect Function		FREE**		
Family-Centered Practice: How are we doing? - English		FREE**		
Family-Centered Practice: How are we doing? - Spanish		FREE**		
Transition From Early Intervention: A Family Guide – English		FREE**		
Transition From Early Intervention: A Family Guide – Spanish		FREE**		
The Teen Scene		\$4.00*		
A Parent's Guide to Inclusion		FREE**		
Transition Folder		\$1.50*		
Guide to Accessing Employment Supports from the RI Division of Developmental Disabilities		FREE**		

\* Shipping costs are determined by USPS Postage Prices at the time an order is placed. Call for shipping cost.

\*\*No shipping charge will apply for the first 10 FREE items ordered. Shipping costs for larger quantities are determined by USPS Postage Prices at the time the order is placed. Call for shipping costs as applicable.

**PAYMENT:**

Payable to: **Sherlock Center/Rhode Island College**

P.O. enclosed # \_\_\_\_\_ Amount: \_\_\_\_\_

Check enclosed Amount: \_\_\_\_\_

**INDIVIDUAL PLACING ORDER:**

Name: \_\_\_\_\_ Agency (if applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**DELIVERY:**

Pick up at Sherlock Center, RI College

SHIP TO:

Name: \_\_\_\_\_

Organization: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_