

## Assistive Technology Request

<b>For BCIU Use</b>	
Case Number:	_____
Date OPD Request Received	_____
Date AT Request Received	_____

Student Name:  
 Contact Teacher:  
 Email:

District/Building:  
 Phone No:

**WHICH FORM OF ASSISTIVE TECHNOLOGY SUPPORT ARE YOU REQUESTING?  
 CHECK ONLY ONE.**

- Team Assessment** Assistance to help teams identify assistive technology solutions for identified area(s) of need

What problem are you trying to address via assistive technology?

- Communication (ex. student unable to communicate )
- Reading (ex. student unable to meaningfully access grade level material)
- Writing – Physical support (ex. student is unable to produce legible written communication)
- Writing -Compositional Support (ex. student has difficulty organizing written communication)
- Computer Access (ex. student is unable to use typical computer hardware)
- Math (ex. student is unable to complete math work using paper and pencil)

Within the area indicated above, what will the student be able to do if assistive technology is found to address the problem?

- Training:** Device or software training for teams implementing use of assistive technology

Name of device or system:

- Consultation:** Support to assist teams with integrating use of technology into educational settings

Name of device or system:

Please return form to Sandra Webber BCIU OPD&C  
 1111 Commons Blvd., P.O. Box 16050, Reading, PA 19612

Phone: 610-987-8532  
 Fax: 610-987-8400  
 Email: [sanweb@berksiu.org](mailto:sanweb@berksiu.org)

**NOTE: THIS MUST BE ACCOMPANIED BY A "REQUEST FOR PROFESSIONAL DEVELOPMENT SUPPORT" FORM.**