

Assistive Technology Request

Student Name:
Contact Person & Position:
Email:

District/Building:
Phone No:
Requested by:

Assistive Technology Training and Consultation Support is divided into 2 branches. Please choose the **one** that applies.

<input type="checkbox"/> Communication Based	<input type="checkbox"/> Academic Based
<p>If requesting Communication Based services, please list the name of device or system the student is currently using:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Which areas of needs do you want addressed through this request? (Please check all that apply & provide additional information)</p> <p><input type="checkbox"/> READING</p> <p><input type="checkbox"/> WRITING</p> <p><input type="checkbox"/> Physical Support</p> <p><input type="checkbox"/> Compositional Support</p> <p><input type="checkbox"/> MATH</p>
<p>List the student's current abilities related to this request.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>List the student's current abilities related to this request.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>List the current SDIs currently in place to address these skills.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>List the current SDIs currently in place to address these skills.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Please choose the type of Assistive Technology Support you are requesting.

- A. ☐ **Consultation:**
- Support for a team meeting to review IEP and consider the need for assistive technology.
 - Support with integrating current assistive technology into educational settings
- B. ☐ **Training:** Device or software training for teams implementing use of assistive technology
- C. ☐ **Team Assessment:** Assistance to help teams identify assistive technology solutions for identified area(s) of need. Has there been an IEP/team meeting to discuss the need for assistive technology?
- ☐ Yes ☐ No

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

Phone: 610-987-8532
Email: sanweb@berksiu.org

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

Assistive Technology TaC Process

