



## ASSISTIVE TECHNOLOGY

It is recommended that this request form be **completed by the school-based team** and forwarded to the Superintendent of Education responsible for Student Support Services.

### A. BACKGROUND INFORMATION

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yr

School: \_\_\_\_\_ Grade: \_\_\_\_\_

School-Based Team Members: \_\_\_\_\_  
\_\_\_\_\_

Assistive Technology Requested: \_\_\_\_\_  
\_\_\_\_\_

1. Has the possibility of accessing existing equipment been explored within your school? If yes, please give details.
2. What assessments have been completed to determine the assistive technology needs for this student? Please specify.
3. What strategies are currently used to help the student access his/her educational program without Assistive Technology? Please specify.

4. What is the student's current level of performance without Assistive Technology?

5. What types of Assistive Technology have already been tried to help the student?  
Please specify.

6. What will the requested Assistive Technology allow the student to do, that he/she is not currently able or easily able to do?

## **B. SUPPORTING DOCUMENTATION**

Attach a copy of the appropriate portion(s) of the Personal Program Plan (PPP) and/or outline the areas within the PPP indicating:

- How and where this Assistive Technology will be used.
- How its use will be supported and/or monitored.
- How its effectiveness will be evaluated.
- List of the school environments the Assistive Technology will be used.

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Administrator's Approval

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Date

## **C. AUTHORIZATION TO PURCHASE**

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Principal's Approval

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Date

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Superintendent of Education  
(Student Support Services)

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Date

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Coordinator of Technology & Resources

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Date