Carbon Lehigh Intermediate Unit #21 - Assistive Technology Request for Support <u>CONSULTATION REQUEST</u>

Reason for Request:	Educational Access	Co	nmun	ication
Today's Date:	Sex:	_ M	F	Student Name:
District of Residence:				School:
Teacher's Name:				Grade:
	(*Pl	Parent In		
Name:		Phone: _		Email:
Assistive Technology is the within the student's Individ				ve device utilized as a method to meet the specific objectives
	the reason(s) for this cons	sultation req		ent needs, implementation strategies, collaboration, or (**This consultation will result in a summary being emailed
				Name and Email) ately received services.)
Occupational Therapy:				
TEAM CONTACT PERS	SON/TITLE (required):			
E-MAIL ADDRESS:				
DISTRICT REPRESENT	CATIVE SIGNATURE:			
parents. However, the mea of options, including outsid	ns of acquisition is not ma le funding sources such as e. Regardless of the source	ndated by ID grants or four of AT acqui	EA, so dation	pility of the LEA to provide it at no cost to the student or it is possible that AT can be provided using any of a variety as, use of equipment already owned by the school, or use of it is the responsibility of the LEA to maintain the AT in
CLIU SUPERVISOR SIG	SNATURE:			DATE:

RETURN TO:

Carley Nicholas (Communication) <u>nicholasc@cliu.org</u> or LeDonne Wanamaker (Educational Access) <u>wanamakerl@cliu.org</u> Assistive Technology Consultants, Carbon Lehigh Intermediate Unit #21