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

Today's Date:	Sex+ M	F Student Name
District of Residence:		
Teacher's Name:		
	Parent Info (*Please notify paren	
Name:	Phone:	Email:
Assistive Technology is the provisi within the student's Individual Ed		ssistive device utilized as a method to meet the specific objectives Plan.
Equipment Requested:		
		trials are for a period of eight (8) weeks.)
Consultation/Training Requested	Upon Delivery: YES	NO
	<u>Current Related Servic</u> (*Please also include names of	
Occupational Therapy:		
TEAM CONTACT PERSON/TI	TLE (required):	
E-MAIL ADDRESS:		
DISTRICT REPRESENTATIVE	SIGNATURE:	
Once the IEP team determines that parents. However, the means of ac of options, including outside fundir	a student needs AT, it is the respond quisition is not mandated by IDEA ng sources such as grants or found rdless of the source of AT acquisit	onsibility of the LEA to provide it at no cost to the student or A, so it is possible that AT can be provided using any of a variety dations, use of equipment already owned by the school, or use of ition, it is the responsibility of the LEA to maintain the AT in
CLIU SUPERVISOR SIGNATU	RE:	DATE:
	RETUR	'N TO.
Ca		ation) <u>nicholasc@cliu.org</u> or
		al Access) <u>wanamakerl@cliu.org</u>
	Assistive Technolo	

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