

Carbon Lehigh Intermediate Unit #21 - Assistive Technology Request for Support
CONSULTATION REQUEST

Reason for Request: _____ Educational Access _____ Communication _____
Today's Date: _____ Sex: _____ M _____ F Student Name: _____
District of Residence: _____ School: _____
Teacher's Name: _____ Grade: _____

Parent Information

(*Please notify parent of this request.)

Name: _____ Phone: _____ Email: _____

Assistive Technology is the provision of service, training, and/or assistive device utilized as a method to meet the specific objectives within the student's Individual Education Plan (IEP) and/or 504 Plan.

A consultation is an informal meeting that focuses on reviewing student needs, implementation strategies, collaboration, or training. Please indicate the reason(s) for this consultation request. (**This consultation will result in a summary being emailed to all team members including parents and Supervisor/LEA.)

Current Related Services (Name and Email)

(*Please also include names of privately received services.)

Occupational Therapy: _____
Physical Therapy: _____
Vision Services: _____
Speech/Language Therapy: _____
Hearing Services: _____
Other: _____

TEAM CONTACT PERSON/TITLE (required): _____

E-MAIL ADDRESS: _____

DISTRICT REPRESENTATIVE SIGNATURE: _____

TITLE: _____ DATE: _____

Once the IEP team determines that a student needs AT, it is the responsibility of the LEA to provide it at no cost to the student or parents. However, the means of acquisition is not mandated by IDEA, so it is possible that AT can be provided using any of a variety of options, including outside funding sources such as grants or foundations, use of equipment already owned by the school, or use of family funding or insurance. Regardless of the source of AT acquisition, it is the responsibility of the LEA to maintain the AT in operating condition for use by the student as specified in the IEP.

CLIU SUPERVISOR SIGNATURE: _____ DATE: _____

RETURN TO:

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Carley Knappenberger (Communication), knappenbergerc@cliu.org