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

Today's Date:	sex:	NI	F	Student Name:
District of Residence:				School:
Teacher's Name:				Grade:
	(*1	Parent 1		
Name:		Phone:		Email:
Assistive Technology is the provision of within the student's Individual Education				e device utilized as a method to meet the specific objectives
Equipment Requested:	/1	7		
	(E	equipment lo 	oan trials	are for a period of eight (8) weeks.)
Consultation/Training Requested Upo	on Delivery:	Y	ES	NO
_	(*Please also	include name	es of priva	Name and Email) tely received services.)
Occupational Therapy:				
Physical Therapy:				
Speech/Language Therapy:				
Vision Services:				
TEAM CONTACT DEDSON/TITLE	(roquirod):			
E MAN A DEDDEGG				
E-MAIL ADDRESS:				
DISTRICT REPRESENTATIVE SIG	SNATURE:			
TITLE:				DATE:
parents. However, the means of acquisi of options, including outside funding so	tion is not m urces such as s of the source	andated by I s grants or fo ce of AT acq	DEA, so oundations uisition, i	lity 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 s, 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 SIGNATURE:				DATE:

## **RETURN TO:**

Carley Nicholas (Communication) <a href="mailto:nicholasc@cliu.org">nicholasc@cliu.org</a> or LeDonne Wanamaker (Educational Access) <a href="mailto:wanamakerl@cliu.org">wanamakerl@cliu.org</a> Assistive Technology Consultants

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