

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

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.

Equipment Requested: _____
(Equipment loan trials are for a period of eight (8) weeks.)

Consultation/Training Requested Upon Delivery: ___ YES ___ NO

Current Related Services (Name and Email)

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

Occupational Therapy: _____

Physical Therapy: _____

Speech/Language Therapy: _____

Vision Services: _____

Hearing Services: _____

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:

Danielle Argot (Equipment Loans)
Assistive Technology Consultant
Carbon Lehigh Intermediate Unit #21
argotd@cliu.org