

SECTION 1

Carbon Lehigh Intermediate Unit #21 Assistive Technology Request for Support

Please fill out completely

Today's date _____

Student Name: _____ Sex: M / F D.O.B: _____

District of residence: _____ School: _____

Disability: _____ Grade/Class: _____

Teacher's name _____

Parent Information *please notify parent of this request

Name: _____

Phone: _____

Address: _____

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.

REASON(S) FOR REQUEST (required)

What is the concern? In what area(s) is the student not making effective progress OR not accessing the general education curriculum?

The student needs a more _____ efficient _____ effective _____ independent

way to... _____ communicate _____ read _____ write _____ access computer/device _____ other _____

CURRENT SERVICES

(please also include names of privately received services)

Name:

E-Mail

Occupational Therapy _____

Physical Therapy _____

Speech/Language Therapy _____

Vision Services _____

Hearing Services _____

ASSISTIVE TECHNOLOGY SUPPORT OPTIONS

Equipment Loan Request (*complete SECTION 1 only) _____

This includes equipment available in our CLIU lending library or assistance with completion of PATTAN Short Term Loan.

**This request will result in an email to the requestor who will complete form indicating specific device needed.

Consultation: an informal meeting with the person(s) initiating this request (*complete SECTION 1 only)

Some examples may include technical assistance with product features, system trials, programming, inquiring about student AT history.

**This consultation will result in a summary being emailed to all team members including parents and Supervisor/LEA.

SETT meeting: a meeting with all team members (*complete SECTION 1, SECTION 2 or 3, and PARENT FORM)

The SETT Framework is not an evaluation. It is a tool used to gather information to make effective assistive technology decisions.

The team has determined that Assistive Technology should be explored, and we need assistance identifying AT for IEP/504 planning.

**This meeting will result in the SETT Framework , Meeting Summary and Action Plan being emailed to all team members including parents and Supervisor.

TEAM CONTACT PERSON (required): _____ TITLE: _____

PHONE: _____ 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 (Educational Access & Equipment Loans)

Carley Knappenberger (Communication)

Assistive Technology Consultants
Carbon Lehigh Intermediate Unit 21
4210 Independence Drive
Schnecksville, PA 18078-2580
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Date received _____