

## Assistive Technology Request Form

**Assistive Technology** describes a range of resources and/or low to high technology tools to enable, improve, increase and/or maintain a student's ability to meet the learning outcomes of the curriculum and/or an Inclusion and Intervention Plan (IIP)

### Section I - Categories of Assistive Technology

**Check the applicable category and complete section II below**

#### **Educational Supports to Access Curriculum**

**(Electronic devices or resources typically assigned to an individual student needing accommodations for a learning disability)**

- Educational, Vocational, & Cognitive Technologies (modified standard or alternate equipment, and/or software that enables a person to use a computer, specialized software, hardware, devices & strategies for developing literacy, math, behavior, work tasks, organization, memory, etc.)

#### **Specialized Assisted Living Supports**

**(Specialized equipment required to meet the needs of a specific student)**

- Aids for Daily Living (modified or specialized items for self-help in eating, dressing, personal care)
- Augmentative & Alternative Communication (devices and systems used to supplement or replace oral and/or written communication)
- Aids for Vision (devices & systems used to access print or environmental information such as large print, magnifiers, braille)
- Aids for Mobility (devices to increase personal mobility within the environment such as wheelchairs, walkers)
- Adaptations to the Learning Environment (structures or adaptations that remove or reduce physical barriers such as ramps, custom desks, lifts, bathroom adjustments)

### Section II – Student and Supplier Information

<b>Student:</b>		<b>Date of Birth:</b>	
<b>School:</b>		<b>Grade:</b>	
<b>Ed. Support Teacher:</b>		<b>Date of Request:</b>	
<b>Technical Aid requested including all accessories (*Please provide details of purchasing information*)</b>			
<b>Estimated total cost of Assistive Technology equipment (CDN \$):</b>			

**Section III: (Only complete if requesting Educational, Supports to Access Curriculum)**

A. In what ways will this equipment assist the student with inclusion and in reaching his/her learning outcomes? Please indicate how often, for how long, in which settings, and for what types of assignments the requested AT will be used. (Attach additional information/plan).

B. How will this equipment assist the student in becoming more independent?

C. Does this student have an IIP? Yes No

D. Who at school will be responsible for the Assistive Technology?

E List all Assistive Technology currently assigned to this student.

**OFFICE USE ONLY**

<b>School Division Approval</b>		<b>Approved</b>		<b>Not Approved</b>
<b>Consultant Signature:</b>				
<b>Date:</b>				

**Additional Comments**