



DIVISION OF INSTRUCTION
ADAPTIVE ASSISTIVE TECHNOLOGY

TECHNICAL ASSISTANCE REQUEST

Local Education Agency _____ Campus _____
Address _____ Phone _____
Teacher _____ Student's School Day Begins _____ Ends _____
Name of Student _____ DOB _____ Age _____ Sex _____
Current Placement _____ Grade _____

Circle Eligibility Code (Primary & Secondary) AI AU DB ED LD MD MR NCEC OHI OI SI TBI

Please indicate AT services requested:

- Augmentative Communication
- Environmental Control
- Other (specify) _____
- Assistive Computer Access
- Switch Use/Adaptive Play

Due Date of AT Evaluation _____ (Must give at least 20 calendar days notice for AT evaluation)

Contact person for scheduling: _____ Phone: _____

Email: _____

- A check in this box and authorizing signature, indicates that all Procedural Safeguards as stipulated in Rules and Regulations relative to student/parent rights have been implemented.

Special Education Director's Authorizing Signature

Date

PLEASE NOTE: THIS SERVICE MAY NOT BE USED TO SATISFY THE REQUEST FOR AN IEE.

Please send request to: Adaptive Assistive Technology Program, Division of Instruction
Region 10 ESC, 400 E. Spring Valley Rd., Richardson, TX 75081-1300
Fax: 972-348-1599

THIS INFORMATION IS TO BE USED WITH PROFESSIONAL STAFF ONLY IN KEEPING WITH
FERPA AND IDEA CONFIDENTIALITY REQUIREMENTS

It is the policy of Region 10 Education Service Center not to discriminate on the basis of race, color, national origin, sex or handicap in its vocational programs, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 503 and 504 of the Rehabilitation Act of 1973, as amended. Region 10 Education Service Center will take steps to ensure that lack of English language skills will not be a barrier to admission and participation in all educational programs and services.

TECHNICAL ASSISTANCE REQUEST
STUDENT INFORMATION

Name of Student _____ LEA _____
Campus _____

Please complete student information section below. Information will assist in the selection of materials and adaptive assistive devices most appropriate to the student's needs. **Check the area or tasks that student is not making progress**

WRITING

Speed Legibility Copying Writing from dictation Other:

COMPUTER ACCESS

Computer hardware, software, and adaptations Switches or other control mechanism
 Other:

PHYSICAL

Using hands in a purposeful manner Visually attending to pictures/objects
 Positioning Other:

COMMUNICATION

Student's strength is: receptive language expressive language

Describe student use or attempted use of any type of communication method or device: _____

Describe student's current means of communication or attempts to communicate (e.g. signs, gestures, communication aid, symbol systems, speech/vocalizations): _____

Describe limitations, problems, concerns, associated with current method of communication: _____

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OTHER FACTORS:

Describe student's favorite activities/interest? _____

What motivates the student? _____

What are your expectations from this request?

Any other pertinent information:

Completed by: _____

Email: _____

Relationship to Student: _____

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Fax: 972-348-1599
Email: gayle.mcnurlen@region10.org

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