

**ASSISTIVE TECHNOLOGY  
Request Details**

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_ Date \_\_\_\_\_

Complete based upon device trials and data collection

**STUDENT** - the student and his/her abilities/difficulties:

**ENVIRONMENT** - describe the environment(s):

**TASK** - what task/tasks does the student need to accomplish:

**TOOLS** - what assistive technology is requested? Include appropriate form if requesting a specific device.

**What degree of training is required?**  None needed  Provided by building staff  Training Requested

Training details:

**DATA** – include or attach student performance data to support this request

Completed by: \_\_\_\_\_

**Complete this form and return to Special Ed Compliance**

TO BE COMPLETED BY SPECIAL ED OFFICE

Request Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Delivery Date: \_\_\_\_\_ Training Completed: \_\_\_\_\_

Device Information: \_\_\_\_\_

Review Information: \_\_\_\_\_ Review Date: \_\_\_\_\_