

**ASSISTIVE TECHNOLOGY
Device Trial Request**

DATE _____ SCHOOL _____

Student Name _____ Student ID _____ Grade _____

Requested By _____ Phone _____ Sp Ed 504 Gen Ed

Device	Options and Accessories
<input type="checkbox"/> Forte	<input type="checkbox"/> Soft case <input type="checkbox"/> USB transfer cable <input type="checkbox"/> USB transfer cable <input type="checkbox"/> USB thumb drive
<input type="checkbox"/> iPad	Device option: <input type="radio"/> Standard iPad <input type="radio"/> iPad Mini Case option: <input type="radio"/> Standard Durable Case <input type="radio"/> Keyboard Case Requested Apps:
<input type="checkbox"/> PC	Device option: <input type="radio"/> Laptop <input type="radio"/> Desktop Requested Software:
<input type="checkbox"/> Other:	

What degree of training is required? None needed Provided by building staff Training Requested
 Training details: _____

List the skill to be targeted or accommodated	How will performance data be collected? <i>Attach data collection forms if applicable</i>

Complete this form and return to Special Ed Compliance
Data collection must be provided to Special Ed Compliance at the conclusion of the trial period

TO BE COMPLETED BY SPECIAL ED OFFICE	
Trial Approved by: _____	Date: _____
Delivery Date: _____	Training Completed: _____
Device Information: _____	Trial Conclusion Date: _____
Trial Outcome: _____	Date: _____