ASSISTIVE TECHNOLOGY
iOS App Request

Student Name _____ Student ID _____ Date _____

Student Qualification	Device Inventory number (6 digits)	Device Type
☐ Special Ed ☐ 504	Example: 234567	☐ iPad Air ☐ iPad Mini ☐ iPod Touch

List details for each requested App.

Exact App Name in iTunes App Store (frequently different from the icon name)	Price	Content Area	Purpose/Rationale

List training required to support the above App(s)

Person	Role	Training Topics/Apps	Trainer	Method

_____ _____ _____

Requested by Phone Date