**Assistive Technology Application**

Please consult the [**Assistive Technology Guidelines and Eligibility Requirements**](http://www.ed.gov.nl.ca/edu/k12/studentsupportservices/assistive_tech.html.).

If a student’s program planning team determines that the accommodation of assistive technology (AT) is required and the student does not meet the current criteria, please consult with your regional student services designate for direction on how best to proceed.

# **Student and School Information:**

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| --- | --- |
| Student Name:           | Date of Birth: Y       M       D        |
| Current School Name:           | School #:           |
| Student’s Exceptionality:       |  Current Grade:       | School Year For Which AT Requested       |
| Deploy AT to: [ ]  Current school  [ ]  Different school (student transitioning to new school and requested AT is to be sent there) |
| **Mailing address for AT deployment:** |
| School Name:        | School #:           |
| School Street Address:            |  School Community:        |
| School Region:               | Postal Code:           |
| **Previous Deployment of AT:** |
| List all AT previously deployed to student from EECD:       |

**This Section is for Department Use Only**

|  |  |  |
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| Date Application Received:  | Application Reviewed By: | ☐ Approved ☐ Not approved |
| More Information Required: ☐ Yes   ☐ No |
| Date Deployed:      Entered into Database: ☐            |

# **Assistive Technology Requested:**

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| **AT to Support Students With Difficulties In Reading, Written Expression, Written Output &/or Math**Please note that Chromebooks, ProBooks and RWG can only be requested for students with difficulties in reading &/or writing. Written output difficulties must be supported by Occupational Therapist, Pediatrician or Neurologist/Neurosurgeon assessment and comprehensive assessment on file at school.AT Requested  [ ]  Read and Write for Google (RWG)  [ ]  EquatiO for Google   [ ]  Chromebook - Wifi access at school & home required   [ ]  ProBook - Windows-based device   [ ]  Other:        A consult with the regional student services AT designate is required. Required Documentation:  [ ]  Record of School-based Trial for AT   [ ]  K-6 – Current IEP; 7-12 – Current Record of Accommodations & if applicable, IEP Programming Summary Checklist   [ ]  AT Responsibilities Signature Page (Required for Chromebooks & ProBooks only)   [ ]  Certification of Exceptionality  [ ]  Active AFM-NL account (Required for students with reading difficulties) [ ]  Student’s District email address (Required for RWG & EquatIO only)  **Please provide here**:           [ ]  Documentation identified as required through consultation with regional student services AT designate (Required for Other AT requests only)**AT to Support Students With A Physical Disability**  AT Requested:  [ ]  Switch – Please specify type:                   [ ]  Magic Arm – Please specify size (Tall or Regular):           [ ]  Other:        A consult with the regional student services AT designate is required. Required Documentation:  [ ]  Grades K-6 – Current IEP; Grades 7-12 – Current Record of Accommodations & if applicable, IEP Programming Summary Checklist  [ ]  Record of School-based Trial for AT or brief letter from school providing justification for requested AT   [ ]  Documentation identified as required through consultation with regional student services AT designate (Required for Other AT requests only)**AT to Support Students With Hearing Loss**AT Requested: [ ]  Hushh-ups: Specifiy number of boxes requested        [ ]  Personal FM System [ ]  Sound Field System [ ]  Other:        A consult with the regional student services AT designate is required.Required Documentation:  [ ]  Grades K-6 – Current IEP; Grades 7-12 – Current Record of Accommodations & if applicable, IEP Programming Summary Checklist [ ]  Referral for Hushh-ups  [ ]  Referral for Personal FM and Sound Field Systems  [ ]  Listening Environment Profile (Required for Hushh-ups, Personal FM Systems and Sound Field Systems) [ ]  Documentation identified as required through consultation with regional student services AT designate (Required for Other AT requests only) **AT to Support Students With A Speech Language Disorder** (Students must be non-verbal or have very limited functional verbal communication)AT Requested: [ ]  iPad  [ ]  iPad Mini [ ]  Case for iPad or iPad Mini (Provided with iPad or iPad Mini request) [ ]  Latchstrap for iPad or iPad Mini (Provided with iPad or iPad Mini request) [ ]  Tobii Dynavox Eye Gaze System (includes all software and hardware required to operate eye gaze system, including tablet and table/desk mount) [ ]  Proloquo2Go software [ ]  Other:        A consult with the regional student services AT designate is required. Required Documentation:  [ ]  Record of School-based Trial for AT   [ ]  Grades K-6 – Current IEP; Grades 7-12 – Current Record of Accommodations & if applicable, IEP Programming Summary Checklist  [ ]  District SLP report dated within 1 year   [ ]  AT Responsibilities Signature Page (Required for iPad, iPad Mini and Eye Gaze Systems only)  [ ]  Documentation identified as required through consultation with regional student services AT designate (Required for Other AT requests only)**Device Evergreening** – Student-specific AT devices that were deployed by EECD may be eligible for evergreening (replacement). AT to be evergreened:      AT requested as replacement:      Required Documentation: [ ]  Grades K-6 – Current IEP; Grades 7-12 – Current Record of Accommodations & if applicable, IEP Programming Summary Checklist  [ ]  Evergreening Checklist OR Evergreening Checklist for Students with Hearing Loss  [ ]  AT Responsibilities Signature Page (Required for hardware such as iPad, Chromebook or Probook) |

# **Administrator’s Signature:**

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| Administrator’s Signature | Please type/print name  | Date  |

# **For District Use:**

 I have screened this application and verify that:

 [ ]  Application meets the eligibility criteria

 [ ]  Trial is at least 30 days in length

 [ ]  Application has all required documentation attached (see above) and all signatures are in place

 [ ]  Trials, summaries and comments are individualized to student.

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| District Student Services Signature | Please print name  | Date  |