

**Assistive Technology Consultation / Screening
Parent Notification**

Student name Jason Patterson Student # _____ DOB 2/6/2002 Date 9/21/2010
Serving school _____ IEP Mgr _____ Grade 1 Age 8 y 7 m
Disabling Condition _____

To: _____
Parent(s)/guardian(s)/adult student

The IEP team would like to have the district's Assistive Technology (AT) specialist observe/screen your child and provide AT recommendations. Assistive technology is defined as any piece of equipment, software and/or service that is used to increase, maintain or improve the functional capabilities of a child with disabilities. The AT Specialist will observe your child, provide suggestions, and assess if further evaluation is needed.

By signing below, it is understood that the AT specialist will observe your child and provide instructional strategies and suggestions to the IEP team. An observational report with recommendations will be provided to you and the team upon completion of the AT observation/screening.

Case Manager

I give my consent.

I do not give my consent. Reason (optional): _____

Parent/guardian/adult student signature

Date