



Assistive Technology Communication Consultation Request Options

Student's Name:

Parent Contact Information:

Speech Pathologist Working with Student:

District:

Please mark the desired options below.

___ Funding: The speech pathologist would like help in creating a funding request for the parent's health insurance to fund the purchase of a dedicated device (ipad or other).

___ Consultation: A. Ongoing (the student already has a dedicated device)

The team would like: (check all that apply)

___ staff training up to _____ hours on use of the app already chosen

___ trial ipad* for classroom teacher, special education teacher, speech pathologist or aide to explore child's communication app

___ regularly scheduled consultation time per the student's current IEP.

B. Initial (the student does not have a dedicated device)

The team would like: (check all that apply)

___ Trial ipad*: Used by the speech pathologist to explore communication app options before deciding which one meets the student's needs.

___ Observation by AT Speech Consultant for help in setting up trial ipad.

___ Meeting after trial to discuss results and get advice on how to proceed.

*Trial ipads are available for 6 weeks on a first come, first serve basis.

For all requests, a current IEP must be attached.

CSE Chair

Date