

Wayne-Finger Lakes BOCES
A.S.I.S.T.

AUTHORIZATION FOR ASSISTIVE TECHNOLOGY SERVICES

AT Consultation Services are requested for the purpose of consulting with the following student and/or team in the use of assistive technologies and/or their implementation. If warranted, a technology loan may also be requested from A.S.I.S.T.

A **Data Collection** form will be completed and an **Outcomes Checklist** will be generated at the conclusion of this period. **Collected data will be used to determine if the addition of assistive technology and/or AT Consultation services to the IEP are justified.**

By completing this form, your district is authorizing Wayne-Finger Lakes BOCES to provide assistive technology consultation services for the designated student/team.

Date:	
Student Name (if applicable):	DOB:
Team:	
District:	
W-FL BOCES Program (if applicable):	
Reason for Request for AT Consultation:	
Requested AT Consultation Hours for Student/Team:	
Requested Time Frame:	
Parent has been contacted and agrees: <input type="checkbox"/> YES <input type="checkbox"/> NO (AAC* trial, only.)	
Signature of CSE/District Representative Required:	

Please return completed form to:

Mary Perkins, ATP, OTR
A.S.I.S.T.
Wayne-Finger Lakes BOCES
email: mary.perkins@wflboces.org
fax: 315-332-7424

*AAC: Augmentative and Alternative Communication