

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

AUTHORIZATION FOR ASSISTIVE TECHNOLOGY CONSULTATION or SERVICES

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

- Initial AT Consultation** is requested for the purpose of determining whether a student qualifies for Assistive Technology Services
- AT Services** are requested for the purpose of consulting with the student and/or team in the use of assistive technologies and/or their implementation (AT Services are added to the IEP at this time)

Date:	
Student Name:	DOB:
Case Manager/Team:	
District:	
W-FL BOCES Program (if applicable):	
Reason for Request for Initial AT Consultation or AT Services :	
Requested AT Hours for Student/Team: _____ Hours for Initial AT Consultation *Initial AT Consultation for Communication – minimum 15 hours recommended *Initial AT Consultation for any other area – minimum 5 hours recommended or _____ Hours/year AT Services	
Parent Signature Required:	
Signature of CSE/District Representative Required:	

Please return completed form to:

Mary Perkins, ATP, OTR
A.S.I.S.T. (Assistive Tech Dept.)
Email: mary.perkins@wflboces.org
Phone: 315-332-7506
Fax: 315-332-7424

*Updated April 2022

