

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

**AUTHORIZATION FOR ASSISTIVE TECHNOLOGY EVALUATION or SERVICES**

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

**AT Evaluation** is requested for the purpose of determining whether a student needs access to Assistive Technology Tools and whether they need Assistive Technology Services

**AT Services** are requested for the purpose of consulting and/or training the student/staff on assistive technology tools that are already in place

|   |      |
|---|------|
| Date:   |      |
| Student Name:   | DOB: |
| Case Manager/Team:<br>Email Address:  |      |
| District:   |      |
| W-FL BOCES Program (if applicable):   |      |
| Reason for Request for <b>AT Evaluation</b> or <b>AT Services</b> :   |      |
| Requested <b>AT Hours</b> for Student/Team:<br><br>_____ <b>Hours for AT Evaluation</b><br>*AT Evaluation for Communication – minimum 15 hours recommended<br>*AT Evaluation for any other area – minimum 5 hours recommended<br><b>or</b><br>_____ <b>Hours/Year AT Services</b> |      |
| Parent Signature Required:  |      |
| Signature of CSE/District Representative Required:  |      |

**Please return completed form and a copy of the student's IEP to:**

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

## Assistive Technology Consideration Flowchart

