

**Medford Public Schools
Assistive Technology Consultation Request**

Student: _____ Date: _____

D.O.B.: _____ School: _____ Grade: _____

Person(s) completing form: _____

Contact Person: _____ email: _____

Phone: _____

Complete this form to request assistive technology consultation when the IEP Team has determined that consultation with an individual(s) with specific knowledge about assistive technology or other areas is needed in order to guide and assist the Team in the following situations:

- *When the team has questions about the continued need for an assistive technology device or strategy already in place*
- *When assistance is needed in setting up a trial of an assistive technology device*
- *When the team has specific questions about a device or strategy that they are considering*

Consultation is provided to the team and does not involve direct evaluation of the student. If the team requires more comprehensive information, has identified multiple areas of student need, or feels that a student has assistive technology needs and the team needs assistance in identifying those needs, an Assistive Technology Evaluation may be requested.

What additional information does the IEP Team require in order to make a decision about this student's need for Assistive Technology?

Please attach any relevant evaluations or information to guide this process.
Submit completed form to: Jan Hollenbeck, Medford High School