

REQUEST FOR OFFICE OF ASSISTIVE TECHNOLOGY (OATS)

REQUEST is for Academic School Year _____

REQUEST is for ESY _____

Contact Name: _____ Contact #: _____

EVALUATION

1. Please explain the student's present situation and describe the outcome you desire:

2. Areas of concern:

- Reading
- Writing Other: _____
- Communication
- Math
- Organization in the area of: _____
- Physical Access

3. Please attach all current and pertinent reports and information (Re-Evals, Annual Review Summaries)

- Psychoeducational report
- Speech/language Evaluation
- Vision Evaluation
- OT/PT Evaluation
- Approval by the Student's CSE for Evaluation
- Cross Contract (if a non-component district, please call for rates)

TRAINING/SERVICES

Please include the number of consultation hours requested: _____

- Please attach the most recent evaluation/report(s) that relate to this request.

EQUIPMENT/SOFTWARE/HARDWARE PURCHASE

- For BOCES program students ONLY, please indicate specific equipment/software to be purchased:
