

# 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:

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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:

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