Assistive Technology Request Form

When completed, return form to the Technology Department. ALL INFORMATION MUST BE INCLUDED FOR THIS REQUEST TO BE CONSIDERED.

☐ TEACHER USE

☐ TRIAL

□ 504

Student: 0		rade:	Teacher	:			_	
Check if			Suitable Hardware					
Needed	Software Requested	equested	Computer	Laptop	iPad	iPod	Access to:	
	Word Processing		ОК	ОК				
	Word Processing with Word Prediction		ОК	ОК				
	Text to Speech/OCR		ОК	ОК				
	Digital Books (Requires documentation of print disability)		ОК	ОК				
	Speech to Text		ОК	ОК				
	Graphical Organizer		ОК	ОК				
	Augmentative Communication				ОК	ОК		
	Recording device			ОК	ОК	ОК		
	Magnification software		ОК	ОК				
	Intellitools Classroom Suite		ОК	ОК				
	Lexia <i>Circle version:</i> Primary, Elementary, Strategies for Ol Students	der	OK	ОК				
	Other: Please specify below							
	Apps: Please specify below				ОК	ОК		
Hardware t	hat student/teacher currently has	Equipm	nent that is curre	ently being (used			
Hardware Requested (Please check chart above for appropriateness)			Where will Equipment be used?					
☐ Acc Lapto	ess to classroom computer with above software p	☐ In sing	gle classroom					

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☐ Mobile Device: _____

☐ Other: __

☐ Throughout the building

☐ At home

Additional Requirements (i.e. headphones, carrying case, touchscreen, etc.):						
Additional Information (What else do we need to know about this technology request?):						
,,,,,,,,,,,,,,						

Signatures/Initials Required						
Requested by Date						
Budget Code to be charged:						
Director of Pupil Personnel Services)					
Deputy Superintendent)					
Technology)					
Device Information (for Technology Dept. only)						
Model:						
Serial #:						

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