

ASSISTIVE TECHNOLOGY DEVICE JUSTIFICATION

Student: _____ District: _____

Device: _____ Date: _____

List goal/objective to be addressed by the utilization of the device.

How to be used (independently, with which staff, frequency, school/home, training.)

Is the device currently available at CVES?

Will there be a surcharge to the district for the use of the device? If yes, how much, who owns, maintains, etc.
