

Wayne-Finger Lakes BOCES
A.S.I.S.T.

AUTHORIZATION FOR ASSISTIVE TECHNOLOGY EVALUATION or SERVICES

By completing this form, your district is authorizing Wayne-Finger Lakes BOCES to conduct an assistive technology (AT) evaluation or provide assistive technology (AT) services for the designated student/team.

☐ **AT Evaluation** is requested to determine a student's need for Assistive Technology Tools and/or Services

☐ **AT Services** are requested for the purpose of consulting and/or training the student/staff on assistive technology tools that are already in place

Date:	
Student Name:	DOB:
Case Manager/Team: Email Address:	
District:	
W-FL BOCES Program (if applicable):	
Requested AT Evaluation or AT Services for Student/Team: <input type="checkbox"/> AT Evaluation for Communication Needs (~15-20 hours) <input type="checkbox"/> AT Evaluation Not Related to Communication Needs (~5 hours) <input type="checkbox"/> AT Services: up to _____ Hours/Year	
Reason for Request for AT Evaluation or AT Services :	
Parent Signature Required:	
Signature of CSE/District Representative Required:	

Please return completed form to:

Mary Perkins, ATP, OTR/L
Comprehensive Accessibility Services
Assistive Tech Dept.
Email: mary.perkins@wflboces.org
Phone: 315-332-7506
Fax: 315-332-7424

Assistive Technology Consideration Flowchart

