



**BENTON-STEARN'S
EDUCATION DISTRICT**

Educate. Grow. **Together.**

Benton-Stearns Education District Assistive Technology Request Form

Student: _____ Grade: _____ DOB: _____

School: _____ Case Manager: _____ BSED Sped
Coordinator: _____

Contact information of person checking out equipment:

Name: _____

Job Title: _____

School: _____

Phone: _____

Email: _____

Please Describe the Reason for the Assistive Technology request: This would be where you would include the SETT framework Summary. If you have not completed the SETT framework then please complete the Quick SETT which can be found on side 2 of the AT Consideration form. Include interventions already tried.

Equipment requested:

Duration Note: To determine appropriateness of equipment, a trial period or some form of assessment is mandatory prior to purchase.

____ I understand that this equipment is checked out under my name and I assume all responsibility for the location of the device.

Signature: _____

Check out date: _____

Return date: _____

For AT Office Use

Date Request Received: _____