

LOCKPORT AREA SPECIAL EDUCATION COOPERATIVE

Parent Permission for Assistive Technology Consultation

Student's Name:	School Attending:
Grade:	Teacher:
AT Consultation Requested By:	
Area of Focus:	

A consultation with the Assistive Technology Team has been requested for your child to identify tools and/or strategies to assist him/her in the area of focus identified above. Consultation activities may include classroom observations, trials with various devices, writing tools, computers software, etc. Suggestions may be made to your child's educational team regarding techniques and tools that could help him/her be successful within the school environment.

In the space provided below, please provide any additional information you feel would be helpful to the Assistive Technology Team related to the area of focus.

I give my permission for a member of the Assistive Technology Team to observe and/or work with my child to address this referral.

I **DO NOT** give my permission for a member of the Assistive Technology Team to observe and/or work with my child to address this referral.

Parent Signature

Date