

LOCKPORT AREA SPECIAL EDUCATION COOPERATIVE
REQUEST FOR ASSISTIVE TECHNOLOGY STUDENT CONSULTATION

What specific interventions have already been tried to address the area of need?

What contact have you had with the parents regarding this concern? What additional information do you believe would be helpful?

Once completed, please forward this document to your District Special Education Program Administrator for signature. If student is in a LASEC Program, forward to LASEC Administrator.

District Special Education Administrator Date

LASEC Special Education Administrator Date