
PCCSD 202 ASSISTIVE TECHNOLOGY

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Date:

**Parent Permission for
Assistive Technology Assessment and Services***

Student's Name: _____ D.O.B. _____

School: _____ Grade/Program: _____

SE Teacher: _____ RE Teacher: _____

Contact Person: _____ Title: _____ Phone: _____

Parent/Legal Guardian: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Area of IEP student is NOT successful and may require Assistive
Technology: _____

Signatures

Parent/Legal Guardian Date

Teacher/Contact Person Date

SE Administrator Date

*Assistive Tech assessments that may occur do not determine eligibility,
but rather seek methodologies to support the student's access to FAPE.