

GENERAL INFORMATION				
STUDENT NAME		DATE OF BIRTH	AGE	
SCHOOL			GRADE/PLACEMENT	
CONTACT PERSON(S)			TELEPHONE <i>Area/Number</i>	
CONTACT PERSON ADDRESS				
PERSON COMPLETING GUIDE			DATE COMPLETED	
PARENT(S) NAME			PARENT TELEPHONE <i>Area/Number</i>	
PARENT(S) ADDRESS <i>Street, City, State, ZIP</i>				
ASSISTIVE TECHNOLOGY (AT) TRIAL				
ASSISTIVE TECHNOLOGY TO BE TRIED <i>Describe</i>				
GOAL FOR ASSISTIVE TECHNOLOGY USE <i>Specify</i>				
ACQUISITION OF AT				
SOURCE(S)	PERSON RESPONSIBLE	DATE(S) AVAILABLE	DATE RECEIVED	DATE RETURNED
PERSON PRIMARLY RESPONSIBLE TO LEARN TO OPERATE THIS AT				
TRAINING ON AT				
PERSON(S) TO BE TRAINED	TRAINING REQUIRED		DATE BEGUN	DATE COMPLETED
MANAGEMENT/SUPPORT FOR AT				
LOCATION(S)	SUPPORT TO BE PROVIDED (e.g. set up, trouble shoot, recharge, program)		PERSON RESPONSIBLE	

**STUDENT USE OF AT**

<b>DATE</b>	<b>AMOUNT OF TIME USED</b>	<b>LOCATION</b>	<b>TASK(S)</b>	<b>OUTCOME(S)</b>