
ASSISTIVE TECHNOLOGY

Prior Approval Form A

It is recommended that this request form be completed by the school-based team in conjunction with the agency/school division personnel conducting the assistive technology/specialized equipment assessment.

School: _____ Date of request: _____

Student: _____ Date of Birth: _____

Designation Level: _____ Etiology: _____

Assistive Technology Requested: _____

Estimated Cost: \$ _____

Has the possibility of accessing existing equipment been explored? YES NO

**** Please submit the student's Personal Program Plan along with the application to show how the Assistive Technology will be used in programming.****

Authorization to Purchase:

Superintendent of Student Services

Date

Assistive Technology Cost Recognition Criteria:

- Student must qualify within criteria as outlined by the Impact Profile and Personal Program Plan.
- Assistive technology must assist the student in accessing the educational program in a way that is not otherwise available.
- Augmentative Communication devices must be ability appropriate and school level staff must be trained in the use of the technology.
- The use of the assistive technology must be reflected in the student’s Personal Program Plan identifying the student’s current level of performance along with a specific expected outcome for the assistive device written in SMART goal format.
- Request must be submitted to the Superintendent of Student Services for prior approval. The Northwest School Division will purchase approved item(s) with allotted Assistive Technology funding.
- Only assistive technology items over \$10,000.00 will be submitted to the Ministry of Education for prior approval.
- Service contracts, insurance, costs of assessments, inservice, and staff training are applied for from separate funding allocation.
- Provide information about request, i.e. Pictures from catalogues or pamphlets.
- Student Services will order the assistive technology requested with cooperation from the school to meet the students needs.

_____	_____
Educational Psychologist	Signature
_____	_____
Speech-Language Pathologist	Signature
_____	_____
Occupational Therapist	Signature
_____	_____
Physiotherapist	Signature

School-based Team Members: _____

REQUESTED ASSISTIVE TECHNOLOGY CONSIDERATIONS:

1. Strategies currently used to increase student access to his/her educational program:

2. Current Level of Performance without requested assistive technology:



3. How will the requested assistive technology impact the student's access to the educational program?

4. Attach a copy of the appropriate portion(s) of the Personal Program Plan (PPP) which outlines the areas within the PPP indicating;

- a. How & where this assistive technology will be used;
- b. How its use will be supported &/or monitored;
- c. How its use & effectiveness will be evaluated;
- d. Plan for training staff &/or student in use of AT. (Are there any instructional &/or physical arrangements required to support the use of the assistive device?)

5. Overall Comparison of student's PPP objectives and regular classroom curriculum objectives/outcomes: Select one area.

Significant variation in objectives >50%	Moderate variation in objectives <50%	Minor variation in objectives <25%	Regular Curriculum
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6. List the school environments that this assistive technology will be used in.

7. Feedback (if appropriate) about trials & tasks involving the use of requested assistive technology (what have you tried?).

8. List (if appropriate) what has been used with regards to low/mid/high cost technological supports?

Comments:
