



### Assistive Technology Request Form

**Summary of Assistive Technology Assessment**

Provide a brief description of the daily activities and routines requiring adaption, modification, as identified in the child's IFSP.

Provide a brief description of the adaptations and/or modifications tried as part of the assessment process to achieve enhanced participation in the daily activities or routines. If these strategies have not been successful, explain why.

Please specify the device(s) or adaptation(s) being requested. Include measurements (or size) and pertinent accessories

What are the specific features of the device(s) or adaptation(s) which meets the unique participation needs of the child?

Refer to the WV Birth to Three Service Definition for Assistive Technology services covered under IDEA and WVBTT. When an item is not covered under the Service Definition for Assistive Technology, the IFSP team should link the family to other resources.

**Assistive Technology Assessment Team**

As a member of this child's assistive technology assessment team, I am in agreement that the above recommended adaptations, modifications, or assistive technology devices are appropriate and the most cost effective choice to enhance the child's participation within the daily activities and routines.

Signature/Credential/Date	Role on Team	Method of Participation
	Parent	