

# Assistive Technology Specialist Support Guidelines



## ANTELOPE VALLEY SELPA

Acknowledgement:

Thank you to Placer County SELPA for their help in creating this guide.

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## Description

The Antelope Valley SELPA recognizes that, at times, educational teams need the support of individuals with specialized training and expertise. The Antelope Valley SELPA Assistive Technology (AT) Specialist is available to provide information, resources and expertise to staff in implementing assistive technology (AT) for students with specialized and unique needs in this area.

School districts are required under law to provide appropriate AT to students with disabilities when it supports their acquisition of FAPE. All IEP's must indicate that AT has been considered "to provide meaningful access to the general education". AT is any tool or device that a student with a disability uses to do a task that he or she could not otherwise do without it, or any tool the student uses to do a task more easily, faster, or in a better way [for more information, see Appendix: "A Legal Basis and Guiding Principles for Implementing Assistive Technology"].

For students with Low Incidence Disabilities (i.e., deafness, deaf-blind, hard of hearing, visual impairment, orthopedic impairment): The Antelope Valley SELPA Regionalized Services Programs provide the resource of Itinerant Specialists to address curriculum, including assistive technology supports, and to assist the team with what the student needs in order to access their educational program in its entirety.

## Assessment for Educational Productivity

### Assistive Technology (AT):

Students with a range of disabilities (e.g. autism, emotional disturbance, mental retardation, multiple disability, other health impaired, specific learning disability, speech-language impaired, traumatic brain injury) are referred for assessment in this area. The purpose of this assessment is to assist the team in identifying assistive technology supports for educational productivity (e.g. mechanics of writing, alternative computer access, composing written material, reading, executive functioning, math).

### Alternative and Augmentative Communication (AAC):

Augmentative/Alternative Communication: for students with a severe speech impairment; the purpose of this assessment is to explore alternative methods of communication. AAC includes all forms of communication (other than oral speech) that are used to express thoughts, needs, wants, and ideas.

## Request Process

Informal phone or e-mail contact can be made with Antelope Valley SELPA AT Specialist at any time. Informal sharing of information may be all that is needed to address the questions from the case manager or IEP team.

If additional support is needed, District Special Education Directors and referring staff are required to complete all forms in the AT/AAC Referral packet documentation [\[see Appendices\]](#). The IEP Case Manager must complete the following mandatory forms and submit them to the AVSELPA Office:

- AT/AAC Documentation Checklist
- Request for AT/AAC Consultation Only or Assessment
- Parent Notification
- IEP Services/Supports Form
- Assessment Plan (If requesting assessment or assessment mentoring)
- Psycho-educational Evaluation report(s)
- IEP Consideration Worksheet for AT/AAC

## Types of AT/AAC Requests:

1. **AT/AAC Request for Training** the district would complete the AT/AAC Training Request Form [see Appendices] should be used to request training from the AVSELPA AT Specialist. Trainings may target student, staff, parents and/or equipment regarding the use of assistive technology/alternative augmentative devices/tools.
2. **Consultation Only** (appropriate only if student has a prior AT/AAC assessment and currently has AT/AAC strategies/tools available to him/her; the AT/AAC/IEP team is requesting consult only, (e.g. training, set-up, problem-solving).
3. **Mentoring for an AAC Assessment\*** (appropriate only when the request is for assistance in completing an AAC assessment, when the referring SLP is either an experienced AAC provider, or has received the AAC Specialist Certification from the Antelope Valley SELPA).
4. **Mentoring for an AT Assessment\*** (appropriate only when the request is for assistance in completing an AT assessment, when the referring staff is either an experienced AT provider, or has received the AT Specialist Certification from the Antelope Valley SELPA).
5. **Requesting an Assessment\*** by the Antelope Valley AT Specialist (this assessment is being requested secondary to an assessment already completed by the LEA and the parent has requested another assessment by an outside assessor).

*\*Additional information will be requested. Staff will be required to complete questionnaires or participate in the evaluation process. Critical team members will need to be available to answer questions and/or provide additional information.*

In preparation for the assessment, staff will be contacted by the AVSELPA AT Specialist for scheduling and to gather additional information. In some cases, questionnaires may be forwarded for staff to complete. Assessment is considered a collaborative process. Critical team members will need to be available to participate during the time the AVSELPA AT Specialist is on site to answer questions, provide additional information, observe trials with software/devices, provide input to the decision making, etc.

Following assessment, the AVSELPA AT Specialist will prepare a written report. The report will be placed in the student's future IEP folder in SEIS, and the case coordinator will be notified. It is the responsibility of the LEA Director of Special Education/Case Manager to disseminate the report to parents and/or other team members, and to schedule an IEP meeting for discussion. In many cases, recommendations for trials with AT/AAC solutions may be recommended and a plan for conducting the trial and evaluating the effectiveness will need to be developed. Training of staff, parents and students may also be involved. These services will need to be discussed and documented in the student's IEP.

## Considerations

Prior to a referral to the AVSELPA AT Specialist, IEP teams should have considered a student's need for AT/AAC as part of the determination of services necessary for a Free and Appropriate Public Education at the initial and at each annual IEP. Assistive technology devices/tools and services must be considered for all students with disabilities, regardless of the type or severity of the disability. Consideration can be a brief process, following the development of annual goals and benchmarks. Focusing the discussion on what AT/AAC, if any, might assist or allow the student to accomplish goals, access curricular and extracurricular activities, and progress in the general education curriculum is important.

The following are examples of conclusions an IEP Team may determine when considering AT/AAC:

1. Current interventions are working and nothing new is needed, including AT/AAC (student has the same access as peers and is making progress in the general education curriculum);
2. AT/AAC is already being trialed, and is working. The team can adopt it into the IEP to ensure that it continues to be available;
3. New AT/AAC should be trialed, and the team has a good idea of what would be appropriate to explore. The IEP team will describe the features needed and agree to an exploration.
4. The IEP team does not know enough to make a recommendation or decision. Additional support from an individual with AT/AAC expertise in is recommended.

IEP Teams may document the consideration process on the [IEP Consideration Worksheet for Assistive Technology/Alternative Augmentative Communication](#) included in the SEIS document library [see Appendices]. Trainings are provided annually within the Antelope Valley SELPA to assist staff in developing the knowledge and skills needed to participate in the AT/AAC consideration process.

## Key Assessment Philosophies

### Quality Indicators for Assessment of Assistive Technology Needs

Practices and Guidelines implemented by the Antelope Valley SELPA are aligned with the research-based standards developed by the 'Quality Indicators for Assistive Technology (QIAT) Consortium'.

These include: Quality Include:

- Procedures for all aspects of assistive technology/alternative augmentative communication assessment (initiating an assessment, planning and conducting an assessment, conducting trials, reporting results, resolving conflicts) are clearly defined and consistently applied.
- Assistive technology/alternative augmentative communication assessments are conducted by a team with the collective knowledge and skills needed to determine possible assistive technology/alternative augmentative communication solutions that address the needs and abilities of the student, demands of the customary environments, educational goals, and related activities. It is recognized that various team members bring different information and strengths to the assessment process. For this reason, the AVSELPA AT Specialist will solicit and encourage the input and involvement of school-based staff, the student and family.
- All assistive technology/alternative augmentative communication assessments include a functional assessment in the student's customary environments, current and anticipated, because characteristics and demands in each may vary.
- Assistive technology assessments/alternative augmentative communication are completed in mandatory timelines, and timelines/ follow-up plans are developed for agreed upon trials.
- Recommendations from assistive technology assessments/alternative augmentative communication are based on data collected about the student, environments and tasks. Data may be gathered from sources such as student records, direct observation, performance on tasks, experiential trials with equipment or software, interviews with students or significant others, and anecdotal records.
- The assessment provides the IEP team with recommendations that the collective team uses to guide their decisions about long-term trial, selection, acquisition, and use of assistive technology/alternative augmentative communication devices and services.

- On-going consultation may be provided to the LEA.

### Evaluation versus Assessment

Evaluation is a group of activities conducted to determine a student's eligibility for special education. Assessment is a group of activities conducted to determine a student's specific needs. Assessment is a more accurate and descriptive term for what needs to occur, as there is no eligibility criteria for AT/AAC. Assessment can occur at any time along a student's educational experience, and is not necessarily tied to the determination of eligibility (e.g. initial, 3-Year). In addition, because the focus is on determining what, if any, AT/AAC is needed to assist or allow the student to accomplish goals, access curricular and extracurricular activities, and progress in the general education curriculum this process it is best completed after the present levels and goals have been developed or updated for a student.

### Best Practices in AT/AAC Assessment

In addition, the following are important distinctions to understand about AT assessment:

- It's an ongoing, continual, process that is part of educational planning and includes trials and feedback, NOT a one-shot, separate event
- It is conducted in conjunction with the local team in the natural setting, including anyone who has the potential to contribute to the decision making or implementation, versus center-based by outside experts without team involvement
- AT/AAC assessment is not a standardized tool or test, it's a practical process that guides teams in determining:
  - What tasks we want the student to do that he/she is currently not able to do at a level that reflects his/her abilities?
  - What is it about the child's disability that makes it difficult for him/her to do it without additional specialized supports, strategies or tools?
  - What has been tried? Did it work or not? Where next do we move up the AT Continuum?

# RESOURCES

**AVSELPA AT/AAC Livebinder** *(to access live binder password contact your District Special Education Director)*

**WATI – Wisconsin Assistive Technology Initiative** – [www.wati.org](http://www.wati.org) *(The framework used to support the assessment process in the area of educational productivity is the WATI’s “Assessing Students’ Needs for Assistive Technology”. This framework is a process-based, systematic approach to providing a functional evaluation of the student’s needs for assistive technology in their customary environment.)*

**The SETT Process (Student, Environment, Tasks, Tools) – Utilizing the Team to Develop AT Recommendations.** [www.joyzabala.com](http://www.joyzabala.com)

**QIAT – Quality Indicators for Assistive Technology** – [www.qiat.org](http://www.qiat.org) *(A community of nationwide groups that includes hundreds of individuals who provide input into the ongoing process of identifying, disseminating, and implementing a set of widely-applicable Quality Indicators for Assistive Technology in school settings that can be used as a tool to support individuals).*

**AT Exchange – Ability Tools** <http://exchange.atnet.org/> *(A FREE service of the AT Network connects Californians to the assistive technology (AT) devices they need to live independently. Access to low and high-tech devices for people with disabilities with 30 days loans in order to trial proposed devices.)*

# APPENDICES

**Completing the Assistive Technology and Augmentative and  
Alternative Communication Referral Packet**

**Referral packet must be sent to SELPA within 5 school days of signed Assessment Plan**

- \_\_\_\_ **Step 1:** Complete the Request for AT/AAC Consultation only or Assessment form in its entirety. Please do not leave any areas blank.
- \_\_\_\_ **Step 2:** Gather the mandatory documents as stated on the “Documentation Checklist” form. All referrals must have the mandatory documents attached in order for the assessment process to begin.
- \_\_\_\_ **Step 3:** Obtain parent signature on the “Parent Notification” form.
- \_\_\_\_ **Step 4:** Complete the “IEP Support Services” form.
- \_\_\_\_ **Step 5:** Once all documents have been completed and obtained, **SEND THE DOCUMENTS TO THE DISTRICT ADMINISTRATOR FOR REVIEW AND APPROVAL.** Once the referral has been reviewed and authorized, it is to be sent to the AV SELPA, Assistive Technology Specialist.
- \_\_\_\_ **Step 6:** Have all teachers working with the student complete the Teacher Report Form and email or fax to AVSELPA AT Specialist as soon as possible.
- \_\_\_\_ **Step 7:** Complete and have parent(s) sign the assessment plan. (Mark “AT” under Other with the assessor identified as Assistive Technology Specialist). **The referral packet must be sent to the SELPA office, Attn: Assistive Technology Specialist, within 5 school days of the assessment plan being signed.**
- \_\_\_\_ **Step 8:** Arrange for and schedule IEP meeting within 60-day timeline.

**Assistive Technology/Augmentative and Alternative Communication**

**DOCUMENTATION CHECKLIST**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Reasons for Assessment Request:

\_\_\_\_\_ Need for AT assessment      \_\_\_\_\_ Need for AAC assessment

**Mandatory:**

\_\_\_\_\_ **FORM A** Request for AT/AAC Consultation Only or Assessment

\_\_\_\_\_ **FORM B** Parent Notification

\_\_\_\_\_ **FORM C** IEP Services/Supports

\_\_\_\_\_ **FORM D** IEP Consideration Worksheet for Assistive Technology/Alternative Augmentative Technology

\_\_\_\_\_ **Signed Assessment Plan** (if requesting assessment) Mark "AT or AAC" under Other with the assessor identified as Assistive Technology Specialist and/or Speech Language Pathologist

\_\_\_\_\_ **IEP, Current** (Please include copies of any IEP that documents change of eligibility)

\_\_\_\_\_ **Psycho-educational Evaluation report(s)** (last complete psychological evaluation is required if file review was used for the last triennial evaluation.)

\_\_\_\_\_ **Current Evaluation Report(s) from related services providers** (i.e., SLP, OT, APE, CCS)

**Additional Reports if available:**

\_\_\_\_\_ Teacher Observation Report

\_\_\_\_\_ Technology Support Provider

\_\_\_\_\_ Physical Therapy and/or Occupational Therapy from outside provider(s).

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Release of Information, as appropriate

**All the above information must be completed *prior to* submitting to the AVSELPA Office, Attn: AVSELPA AT Specialist**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**Request for AT/AAC Consultation Only or Assessment**

Student Name: \_\_\_\_\_ A.K.A.: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(City)

(Zip)

Custodial Parent(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Student's Primary Language \_\_\_\_\_ Home Language \_\_\_\_\_

Ethnicity \_\_\_\_\_ Eligibility: \_\_\_\_\_

Educational Placement: \_\_\_\_\_

Holder of Educational Rights: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

School District: \_\_\_\_\_ School of Attendance: \_\_\_\_\_

Person Requesting Assessment: \_\_\_\_\_ Position: \_\_\_\_\_

School Psychologist: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Classroom teacher: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Other Important School District Personnel: \_\_\_\_\_

IEP to be scheduled by the following date: \_\_\_\_\_

**Medical Considerations: (Check all that apply)**

\_\_\_\_\_ Seizures: Type: \_\_\_\_\_ #/day: \_\_\_\_\_ Length of seizure: \_\_\_\_\_

\_\_\_\_\_ Has degenerative medical condition \_\_\_\_\_ Has frequent pain Where: \_\_\_\_\_

\_\_\_\_\_ Has multiple health problems \_\_\_\_\_ Has frequent upper respiratory infections

\_\_\_\_\_ Has frequent ear infections \_\_\_\_\_ Fatigues easily

\_\_\_\_\_ Other: Describe briefly: \_\_\_\_\_

\_\_\_\_\_ Currently taking medication, if so, list and describe reason: \_\_\_\_\_

Vision functioning: \_\_\_\_\_

Hearing functioning: \_\_\_\_\_

**Communication: (Answer all that apply)**

Current level of receptive language: \_\_\_\_\_

Age approximation: \_\_\_\_\_

If formal tests used, list test and scores, if not, give approximate age or developmental age:

Current level of expressive language: \_\_\_\_\_

Age approximation: \_\_\_\_\_

If formal tests used, list test and scores; if not, give approximate age or developmental age:

Student's present means of communication: (Answer all that are used, then circle the primary method the student uses.)

\_\_\_\_\_ Eye-gaze/eye movement

\_\_\_\_\_ Facial expressions

\_\_\_\_\_ Gestures

\_\_\_\_\_ Pointing

\_\_\_\_\_ Sign Language approximations      Sign Language # of signs: \_\_\_\_\_

# of combinations: \_\_\_\_\_      # of signs in a combination: \_\_\_\_\_

\_\_\_\_\_ Vocalizations, list examples: \_\_\_\_\_

\_\_\_\_\_ Vowels, vowel combinations, list: \_\_\_\_\_

\_\_\_\_\_ Single words, list examples & approximate #: \_\_\_\_\_

\_\_\_\_\_ 2 word/3 word utterances

\_\_\_\_\_ Speech intelligibility: \_\_\_\_\_ %

\_\_\_\_\_ Communication board: \_\_\_\_\_ tangibles, \_\_\_\_\_ pictures, \_\_\_\_\_ combination pictures/words, \_\_\_\_\_ words

\_\_\_\_\_ PECS      \_\_\_\_\_ TEACCH Schedule

\_\_\_\_\_ Voice output AC device (Name of device): \_\_\_\_\_

\_\_\_\_\_ Access method: \_\_\_\_\_ (i.e., keyboard, mouse, switch) Writing

Other: \_\_\_\_\_

AAC System Information: (Check all that apply)

Please list any equipment/software currently used for (1) communication, (2) academics,  
(3) environmental control, and/or (4) independent living:

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Assistive Technology Currently Used: (Check all that apply)

\_\_\_\_\_ Manual Communication Board                      \_\_\_\_\_ Augmentative Communication Device

\_\_\_\_\_ Computer: \_\_\_ PC \_\_\_ Mac                      \_\_\_\_\_ Computer with Screen Enlargement

\_\_\_\_\_ Operating system of the computer (e.g. Windows'98,2000,XPorVista,OS8/10): \_\_\_\_\_

\_\_\_\_\_ Computer with Braille Output                      \_\_\_\_\_ Amplification Systems

\_\_\_\_\_ Low Tech Vision Aids                      \_\_\_\_\_ Writing Aids

\_\_\_\_\_ Computer with Voice Output                      \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Manual Wheelchair Environmental Control Unit

For the AT/AAC items checked, briefly describe (how did it work, or why do you think it didn't work and length of time tried):

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**Please describe current functioning:**

Mobility/Positioning/Seating: \_\_\_\_\_

\_\_\_\_\_

Motoric Functioning: \_\_\_\_\_

\_\_\_\_\_

Mechanics of Writing: \_\_\_\_\_

\_\_\_\_\_

**PARENT NOTIFICATION**

**CONSIDERATION FOR ASSISTIVE TECHNOLOGY/  
AUGMENTATIVE AND ALTERNATIVE COMMUNICATION EVALUATION**

Date: \_\_\_\_\_

I, \_\_\_\_\_, understand that my son/daughter,  
(Print Parent/Guardian name)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_,

is being considered for possible assistive technology and/or argumentative communication services. As part of this consideration, the following activities may take place:

Referral packet sent to AV SELPA Assistive Technology Specialist.

Communication between the AV SELPA Assistive Technology Specialist and referring district.

Educational and third-party medical records and reports, (if available) sent by the referring district to the AV SELPA Assistive Technology Specialist for review. Please Note: A release of information will be obtained for any third party records.

\_\_\_\_\_ I understand that I may be contact to complete additional documents if it is determined to be  
(Parent initial)

appropriate to conduct an assistive technology/augmentative and/or alternative communication assessment for possible assistive technology services.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (City) (Zip)

Telephone: \_\_\_\_\_

**IEP SERVICES/SUPPORTS**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

**A. TABLE OF IEP SERVICES/SUPPORTS PROVIDED THROUGH THE IEP PROCESS**

Use the table below to describe any of the IEP services/supports or other school-based supports that have been implemented through the IEP process to address the student’s assistive technology/communication needs. Include the frequency, duration and dates of these services. Specifically list any speech/language, occupational therapy, physical therapy, low incidence, IEP Services/Support services provided.

SERVICE TYPE	PROVIDER	FREQUENCY	DURATION	START DATE	END DATE

**Other technological supports provided:**

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**Describe the effectiveness of the above services and state why they have been, or are likely to prove to be, inadequate or insufficient to meet the Assistive Technology/Augmentative and Alternative Communication needs of the student:**

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**IEP CONSIDERATION WORKSHEET FOR ASSISTIVE TECHNOLOGY**

<b>Student's Name:</b>	<b>IEP Date:</b>
<b>Team Member(s):</b>	

**Student has goals to support needs in the areas of:**

<input type="checkbox"/> Mechanics of Writing	<input type="checkbox"/> Alternative Computer Access	<input type="checkbox"/> Composing Writing Material
<input type="checkbox"/> Communication	<input type="checkbox"/> Reading	<input type="checkbox"/> Positioning & Seating
<input type="checkbox"/> Math	<input type="checkbox"/> Recreation & Leisure	<input type="checkbox"/> Activities of Daily Living
<input type="checkbox"/> Mobility	<input type="checkbox"/> Hearing	<input type="checkbox"/> Vision
<input type="checkbox"/> Organization, Behavior, Transition Supports		

Tasks/Areas of Need Relevant to Proposed IEP	Current Interventions (including AT) that are successful	Consideration of the following additional supports to discuss at the IEP	Further assessment may be needed
<input type="checkbox"/> Mechanics of Writing			<input type="checkbox"/>
<input type="checkbox"/> Computer Access			<input type="checkbox"/>
<input type="checkbox"/> Composing Writing Material			<input type="checkbox"/>
<input type="checkbox"/> Communication			<input type="checkbox"/>
<input type="checkbox"/> Reading			<input type="checkbox"/>
<input type="checkbox"/> Positioning & Seating			<input type="checkbox"/>
<input type="checkbox"/> Math			<input type="checkbox"/>
<input type="checkbox"/> Recreation & Leisure			<input type="checkbox"/>
<input type="checkbox"/> Activities of Daily Living			<input type="checkbox"/>
<input type="checkbox"/> Mobility			<input type="checkbox"/>
<input type="checkbox"/> Hearing			<input type="checkbox"/>
<input type="checkbox"/> Vision			<input type="checkbox"/>
<input type="checkbox"/> Organization, Behavior, Transition Supports			<input type="checkbox"/>
<input type="checkbox"/>	<b>Document these as AT in the IEP</b>	<b>Following IEP discussion, document those agreed on as AT in the IEP</b>	

## AT/AAC Training Request Form Training Information

**Intended Audience:**

<input type="radio"/> General Education Teachers	<input type="radio"/> Special Education Teachers	<input type="radio"/> Student
<input type="radio"/> Paraprofessional	<input type="radio"/> Administrators	<input type="radio"/> Parents
<input type="radio"/> Specialist	<input type="radio"/> Other	

Training Requested: \_\_\_\_\_

Specific Devices/Tools/Equipment/Program: \_\_\_\_\_

Training Date (s) Requested: \_\_\_\_\_

Time(s): \_\_\_\_\_

Approximate Number of Attendees: \_\_\_\_\_

Level of Training/Knowledge: \_\_\_ Introductory \_\_\_ Intermediate \_\_\_ Advanced

Location of training: \_\_\_\_\_

Individual Requesting Training: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**ADDITIONAL INFORMATION REQUESTED:**

What are the expected outcomes you hope to achieve as a result of this training?

**Requesting Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Special Education Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

E-mail Address Required: *(if different than above)* \_\_\_\_\_

<p style="text-align: center;"><b>SELPA Use Only</b></p> <p>Date On-Site Training Approved: _____</p> <p>Date E-mail Notification Sent to Director/Requester: _____</p> <p>Date Training Entered into Database: _____</p> <p><b>Notes:</b></p>	<p>Material(s) to be Prepared by</p> <p><input type="radio"/> SELPA</p> <p><input type="radio"/> DISTRICT</p>
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