



252 Waterford Street, Edinboro, Pennsylvania 16412-2315

NORTHWEST TRI-COUNTY INTERMEDIATE UNIT

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http://www.iu5.org

ASSISTIVE TECHNOLOGY REFERRAL FORM
DISTRICT APPROVAL

School District Administrator/(Legal Guardian's School District) Signature Date

On-site Contact Person/Equipment Manager (note responsibilities on instruction page)
SIGNATURE Title Name (PRINT) Email (PRINT)

Team Members (SIGNATURE) Title Name (PRINT) Email (PRINT)
PARENT
Principal/LEA
Reg. Ed. Teacher
Sp. Ed. Teacher

PARENT INFORMATION

Name: Address:
Phone: (H): (W):
(City, State, Zip)

STUDENT INFORMATION

Name: DOB: Grade
Facility: Home School District:

Assistive Technology Consultation is requested because: (list specific needs for curricular access)

DOES THE STUDENT RECEIVE SUPPORT AND/OR SERVICES WITH:

- IEP, PA Chapter 15/504, Hearing Impairment, Vision Impairment, Communication, Fine/Gross Motor

*****FOR ATP STAFF ONLY*****

Date referral received: Date ATP processed:

Assistive Technology Consultant Assigned: Date Received: