Dublin City Schools

Assistive Technology Request for Resources

This form is meant to be completed in electronic format. Click on the boxes to enter checkmarks or text.

Name: Building: Date

Student Name: ID #   Grade: Graduation Year:

AT building contact

Purchase Requests: ☐ Software   ☐Device   o Other

Non-Purchase Request: ☐Website Collections   ☐ Consultation   ☐Other

If a non-purchase request, when do you need it?

Describe the requested resource. Be as specific as possible.

Approximate cost of resource? (If known)   Quantity requested

How many students will benefit from this resource?

Do you need training on this equipment/software?   Yes   ☐   No   ☐

Do you need assistance with implementation and data collection? Yes ☐   No ☐

Describe the need upon which this request is based. (technology, student, teacher)
Please provide details.

Teacher Signature_____ Date _____

For AT Use Only

Equipment and Tracking Number: _____

Check Out Date:_____   Due Date:_____

(Submit to your AT team building contact.)