

**DISTRICT 742 ASSISTIVE TECHNOLOGY REQUEST**  
Return this request to Eileen Hoppe, Apollo High School, x2048  
Fax: 529-4321

Person Making Request: \_\_\_\_\_ Ext: \_\_\_\_\_ Room#: \_\_\_\_\_  
Student: \_\_\_\_\_ School: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
IEP Manager: \_\_\_\_\_ Is IEP manager aware of this request? \_\_\_ Yes \_\_\_ No

IEP Goal or Adaptation Related to this Request: \_\_\_\_\_  
\_\_\_\_\_

**Request for AT Consultation**

Purpose: \_\_\_\_\_

**Request for Equipment/Software**

Name of Equipment: \_\_\_\_\_

Name of Software: \_\_\_\_\_

Computer Requirements:

(circle one)    Mac OS9    Max OSX    PC 95/98    PC Win XP    PC Win 2000

**Request for AT Training**

Topic: \_\_\_\_\_

**Request For Technical Assistance/Repair**

Name of Equipment: \_\_\_\_\_

Problem: \_\_\_\_\_

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**Office Use Only**

Date of Consultation: \_\_\_\_\_

Date Equipment/Software Sent & AT Bar Code: \_\_\_\_\_

Date Equipment/Software Ordered (if necessary): \_\_\_\_\_

Date/Time/Place of Training: \_\_\_\_\_

Date Assistance/Repair Initiated: \_\_\_\_\_

\_\_\_ ASaP Job

\_\_\_ Repair Form

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copies: \_\_\_ File    \_\_\_ Supervisor