Missouri Assistive Technology
Assistive Technology Request (ATR) 2016-17

Incomplete applications will be returned

(Please read the ATR instructions prior to completing the application.)

1. School Name and District Name:	**2.** Date Submitted: / /
3. Primary Contact Person:	**4.** County-District Code: -
5. Address:	**6.** City: Zip:
7. County:	**8.** Phone Number & E-mail Address of Primary Contact: **( ) - &**

19. Student Name:	**10. Date of Birth:** **/ /**	**11. Student MOSIS Number:**

12. Primary Disability (Choose the best one) :

☐ Hearing ☐Learning Disability ☐Speech/Communication ☐ Vision ☐ Physical

13. A device trial or evaluation is required. Please select the appropriate choice:

☐**Device evaluation occurred. Attach the report.**

OR

☐**Device trial occurred. Did a device trial occur and for how long? Summarize below:**

14. <u>Please complete the *itemized price sheet* and attach it to the application</u>.

15. Attach only one or two pages of the student's IEP where assistive technology is identified or documented.

Please do not send the entire IEP. ONLY the page/s that address assistive technology.

Submit application to:

E-mail: john.effinger@att.net (best for confirmation)

Fax: 816-655-6710 (you will not receive confirmation)

Mail: Missouri Assistive Technology, ATT John Effinger, 1501 NW Jefferson St, Blue Springs, MO 64015.

Application and instructions are available at http://at.mo.gov/speced.html

For questions contact John Effinger at 816-655-6709 or e-mail to john.effinger@att.net