Missouri Assistive Technology
Assistive Technology Request (ATR) 2017-18

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

Please identify the student's primary disability under IDEA:

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. Please complete the *itemized price sheet* and attach it to the application.

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: jeffinger@mo-at.org (best for 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 jeffinger@mo-at.org