



area cooperative educational services
 Assistive Technology Services
 204 State Street
 North Haven, Connecticut 06473
 203-498-6863 (voice)
 203-498-6891 (fax)

Agreement for Assistive Technology Services Consultation/Training

Agreement between Area Cooperative Educational Services
 Assistive Technology Services
 and

Click here to enter text. Public Schools (2018-2019)

Contact: Click here to enter text.

Area Cooperative Educational Services agrees upon the request of the above Public School to provide Assistive Technology Services as detailed in the procedures below and subject to the terms outlined. These terms are effective from July 1, 2018 through June 30, 2019.

Assistive Technology Consultation or Training Services Requested:

<input type="checkbox"/> Student's name: Click here to enter text.	<input type="checkbox"/> Consultation <input type="checkbox"/> Individual Staff training <input type="checkbox"/> Group Training	Number of hours requested: <input type="checkbox"/> Not to exceed <u>Click here to enter text.</u> hours.
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A) Consultation/Training Checklist:

- Signed Agreement for Assistive Technology Services
- Completed ACES Assistive Technology Consultation/Training form
- Relevant Assessments / reports as per specific student (occupational therapy, physical therapy, speech-language, medical information, vision, educational, psychological, social work)

B) Billing:

- 1) Cost is \$135.00 per hour:
 - requested services
 - travel time
- 2) Non-ACES members will be invoiced at regular hourly rates plus mileage rate at the IRS approved mileage reimbursement rate, effective the 1st of January each year.

All service time is described and recorded on a monthly time sheet and submitted with the invoice. Payment is expected 30 days after the invoice is rendered. Fees are billed on actual hours used.

 Thomas M. Danehy, Ed.D., Executive Director, ACES

 Date

 Signature, Requesting Agency Representative

 Date

*Mail all paperwork to: Vanessa Taragowski
 ACES Director of Pupil Services
 204 State Street
 North Haven, CT 06473



**Area Cooperative Educational Services
Assistive Technology Services Consultation Referral (2017-2018)**

Student's name Click here to enter text.		Date Click here to enter text.
Disability Click here to enter text.		DOB Click here to enter text.
School Click here to enter text.	School System Click here to enter text.	Grade Click here to enter text.
Special Education Supervisor Click here to enter text.	Phone Click here to enter text.	Fax Click here to enter text.
Special Education Teacher Email Click here to enter text.		Special Education Teacher Email Click here to enter text.
Regular education Teacher Click here to enter text.	Email Click here to enter text.	
Designated contact person (if different from above) Click here to enter text.		Title Click here to enter text.
Email Click here to enter text.		Phone Number Click here to enter text.
Parent Click here to enter text.		Phone Click here to enter text.
Parent Email Click here to enter text.		

Assistive Technology is the provision of service, training, and/or assistive device utilized to meet the specific objectives within the student's Individual Education Plan (IEP) and/or 504 plan. A collaborative team process is suggested in compiling this referral information pertinent to the assistive technology assessment.

Consultation Services Requested

<input type="checkbox"/> Training	<input type="checkbox"/> student <input type="checkbox"/> school staff <input type="checkbox"/> family
<input type="checkbox"/> Instructional supports	<input type="checkbox"/> math <input type="checkbox"/> reading <input type="checkbox"/> writing <input type="checkbox"/> life skills <input type="checkbox"/> communication <input type="checkbox"/> other _____
<input type="checkbox"/> Order	<input type="checkbox"/> facilitate process for ordering recommended AT
<input type="checkbox"/> Other	Please list services needed: Click here to enter text.

Current Assistive Technology Used or Being Ordered [complete all applicable sections]

Device (tablet, computer, etc.)	Software, features, application	Currently being used or ordered
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> currently using <input type="checkbox"/> ordered, to arrive: Click here to enter text.
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> currently using <input type="checkbox"/> ordered, to arrive: Click here to enter text.
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> currently using <input type="checkbox"/> ordered, to arrive: Click here to enter text.
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> currently using <input type="checkbox"/> ordered, to arrive: Click here to enter text.
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> currently using <input type="checkbox"/> ordered, to arrive: Click here to enter text.

Information to Guide AT Consultation Services

List the issues you want addressed by an assistive technology assessment/referral.

- 1) Click here to enter text.
- 2) Click here to enter text.
- 3) Click here to enter text.
- 4) Click here to enter text.

What is the goal of assistive technology consultation services? After consultation, student/teacher/team will be able to.... Technology implementation will be able to....

- 1) Click here to enter text.
- 2) Click here to enter text.
- 3) Click here to enter text.
- 4) Click here to enter text.



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Parental Input and Information Form

Your child has been referred by the educational team for an assistive technology assessment or consultation. This information will help the consultant provide appropriate assistive technology suggestions to the team.

Please return this completed form to: Vanessa Taragowski: ACES Assistive Technology at the above address, fax, or via email [vtaragowski@aces.org].

District: [Click here to enter text.](#)

Date: [Click here to enter text.](#)

Student's Name: [Click here to enter text.](#)

Date of Birth: [Click here to enter text.](#)

Name of Parent/Guardian: [Click here to enter text.](#)

Parent Email/Phone Number: [Click here to enter text.](#)

What questions would you like the assistive technology evaluation/consultation to address?

[Click here to enter text.](#)

What are the reasons for this assistive technology evaluation/assessment?

[Click here to enter text.](#)

Relevant Medical Information:

[Click here to enter text.](#)

Relevant Information about your child's behavior:

[Click here to enter text.](#)

Child's Communication Abilities:

[Click here to enter text.](#)

Child's Functional (self-care), Physical and Positioning Abilities

[Click here to enter text.](#)

Parent's Goals for Child:

[Click here to enter text.](#)

Assistive Technology Previously Tried:

[Click here to enter text.](#)

Assistive Technology used at home (e.g. type of computer, equipment, adaptations)

[Click here to enter text.](#)

Other information you would like to share:

[Click here to enter text.](#)

Your input is appreciated in assisting the team to help your child. A report will be generated when the evaluation or consultation is completed for PPT review.

