



**Special Equipment Amount
(SEA)
Per Pupil Amount
Assistive Technology
Custom Application**

FORM 215-1	
Adopted	January 2011
Last Revised	February 2022
Review Date	November 2023

Student Name		OEN	
School		Grade	

The following qualified professional has recommended access to assistive technology that the school team has determined is not accessible through the current K-12 models offered by the board:

<input type="checkbox"/> Psychologist	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Speech and Language Pathologist	<input type="checkbox"/> Other
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Professional recommendation considerations

- The school team has reviewed the professional recommendation and made note of the functional purpose of the tools/hardware and software recommended.
- These recommendations have been recorded in a summary on the student's IEP under assessments for review by Student Services with this application remotely.
- We have reviewed the strengths and needs on the student's IEP, as well as the instructional and assessment accommodations sections and made the relevant adjustments based on the professional recommendation.

Please describe what has been recommended by the professional and how the school team sees the technology helping to meet the student needs on a regular basis. Include any device and software mentioned.

<i>e.g.. OT has recommended an iPad and the following apps, due to the student's fine motor skills. The touch screen of the iPad will act as a bridge between student thinking and relevant activities linked to their IEP.</i>

_____ Administrator Name Administrator Signature Date (mm/dd/yyyy)
Administrator acknowledges that a signed copy of the IEP with assistive technology accommodations and professional documentation recommending assistive technology is stored in the student's Ontario Student Record.

Parent/Guardian

I, _____ (parent/guardian name) have reviewed the information above as well as the accompanying letter (Form 215-2) and understand that my child will have access to assistive technology to support their achievement in school. I understand that Student Services Learning Support Coordinators may review my child's IEP to offer support for school teams in developing the programming goals and accommodations associated with their IEP as it relates to assistive technology. As well, I am aware that information about my child may be accessed by Ministry of Education personnel for auditing purposes.

_____ Parent/Guardian Signature _____ Date (mm/dd/yyyy)

TO BE COMPLETED BY STUDENT SERVICES

_____ Learning Support Coordinator Name _____ Signature _____ Date (mm/dd/yyyy)

_____ Specialized Student Services Support Name _____ Signature _____ Date (mm/dd/yyyy)

c.c. Ontario Student Record (OSR)