

School Year: _____

Assistive Technology Recommendation/s & Consent Form

_____ is a _____ Grade student with an
Name _____

IEP 504 Plan. _____ attends _____ School in the
_____ School District.

An Assistive Technology assessment with the area of need noted as written expression to address
 note taking study supports other: _____ associated to
his/her IEP 504 Plan has resulted in the recommendation to have access to the following
AT option to record class lectures in lieu of handwritten notes and/or a scribe: tape recorder
 Smartpen CART other: _____.

As a member of _____'s IEP team, I have reviewed the assistive technology
report dated _____ with the recommended option as noted, and, with consideration
to the AT report, give my permission for the AT option to support and/or supplement his/her
note-taking needs during the _____ school year. Further, he/she has assured me that all
students' identities and teacher lectures will be protected and used **only** for his/her academic
course needs.

Signed: _____ Date _____
Classroom Teacher

Signed: _____ Date _____
School Principal

My assistive technology need has been reviewed by the members of my IEP Team
 504 Team, including the school principal and, I have carefully considered the ethical issues
involved. The only persons who will have access to the data compiled from my recording device
is myself, my instructional assistant (if applicable), and my classroom teacher/s. I will maintain
confidentiality of the teacher/s and students in this school and will keep all data private. All
recordings made during this school year, at this school site will be deleted/destroyed when the
associated class is completed and/or at the end of the school year.

Signed: _____ Date _____
Student

Signed: _____ Date _____
Parent of Minor Student