

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: \_\_\_\_\_  
 Classroom Teacher Date \_\_\_\_\_

Signed: \_\_\_\_\_  
 School Principal Date \_\_\_\_\_

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: \_\_\_\_\_  
 Student Date \_\_\_\_\_

Signed: \_\_\_\_\_  
 Parent of Minor Student Date \_\_\_\_\_