

# Cambridge Public Schools

## Classroom Assistive Technology Consultation Request

*Fill out the blue section and submit to school chairperson*

Teacher:

School:

Grade:

Date:

Best way to contact:

Phone:

*Complete this form to request assistive technology consultation around low to high tech solutions for your classroom, Universal Design for Learning, specific software, websites, and tools.*

Please check boxes and provide information about the areas of need in which the consultation is requested.

Websites

Software

Hardware

Training on specific software/programs

Universal Design

Visual supports

Access to the curriculum

Other

Please describe the specific areas of interest, concerns, trainings and supports that you would like to see addressed in this consultation.

Please add and/or submit any other relevant information to guide this process.

***AT follow up:***

**What strategies, software, hardware, tools, and/or websites were discussed?**

**What strategies, software, hardware, tools, and/or websites were recommended to be implemented or trialed?**

**What strategies, software, hardware, tools, and/or websites were actually implemented or trialed? Include start date.**

**What data will be collected to show evidence of success or lack of success with the strategies, software, hardware, websites, and/or tools that were implemented or trailed?**

**What types of trainings are needed: In what areas, to whom, for how long, where and when. Include start date and proposed end date.**

**Who are responsible for the implementation of recommendations?**