Agreement for Assistive Technology Services Consultation/Training

Agreement between Area Cooperative Educational Services
Assistive Technology Services

and

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:

☐ Student’s name: Click here to enter text.
☐ Consultation
☐ Individual Staff training
☐ Group Training
Number of hours requested:
☐ Not to exceed Click here to enter text. hours.

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
Signature, Requesting Agency Representative

Date

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

<p>| ☐ Training | ☐ student | ☐ school staff | ☐ family |
| ☐ Instructional supports | ☐ math | ☐ reading | ☐ writing | ☐ life skills |
| | ☐ communication | ☐ other | |
| ☐ Order | ☐ facilitate process for ordering recommended AT |
| ☐ Other | Please list services needed: Click here to enter text. |</p>
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<th>Device (tablet, computer, etc.)</th>
<th>Software, features, application</th>
<th>Currently being used or ordered</th>
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**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.
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].

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<td>Student’s Name:</td>
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<td>Name of Parent/Guardian:</td>
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<td>Parent Email/Phone Number:</td>
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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.