APPENDIX D

ASSISTIVE TECHNOLOGY TRAINING
SCHOOL REQUEST

School: _____

Participants (list only those being trained):

Student: _____ Grade: _____

Classroom Teacher: _____

SERT: _____

E.A.: _____

Training Requested (Programs):

☐ **Kurzweil** ☐ **Dragon NS** ☐ **Word Q**

☐ **Speak Q** ☐ **Other:** _____

Knowledge of Programs:

None: ☐ Limited: ☐ Some: ☐

For Office Use Only:

Name of Trainer: _____

Date(s) of Training: _____ **Duration of Training:** _____

Training Provided (Programs): _____

_____

_____