COLORADO
Department of Early Childhood

Early Intervention COLORADO

Assistive Technology Device Request Form

EI Broker: _____
Child's Name: _____
Date of Birth: _____
Date of Request: _____
Date "AT Device" was added to the IFSP (not the date of this request): _____
IFSP Number: _____

Provider Name/Discipline/Agency (if applicable): _____
Service Coordinator: _____

Item Name: _____
Cost: _____
**The item name and cost must be entered into the EI Data System under the activity description.*

Has this item been trialed? _____
Include description of the trial and how this item compares to other items that were trialed/considered and **not** selected for purchase:

Justification (i.e., how will this item support progress on the IFSP Outcome/Strategy listed below):

IFSP Outcome/Strategy that this item will support:

Funding Source: _____

Additional Information (this can include the link for how to order, shipping addresses, or other information needed for acquiring the item):

Approved by (EI Coordinator): _____

Date: _____

**This form should be uploaded into the child's record in the EI Data System.*