



Assistive Technology Device Request Form

El 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.*

- A. Item Name:
Web link to purchase item:
Additional info (color, size, etc.):
Cost:
Any additional information to support purchasing this item:
- B. Item Name:
Web link to purchase item:
Additional info (color, size, etc.):
Cost:
Any additional information to support purchasing this item:
- C. Item Name:
Web link to purchase item:
Additional Info (color, size, etc.):
Cost:
Any additional information to support purchasing this item:

AT Reminders:

1. Please note we cannot move forward with any item that reflects a choking hazard in the description such as Amazon.

 WARNING:

CHOKING HAZARD -- Small parts. Not for children under 3 yrs.

2. If more than 5 items are needed to support a goal, please share why the need cannot be met with the other items requested.
3. Orthotics and shoes are no longer able to be purchased through assistive technology.
4. If an item is rated for over current age range of the child, please document how you will support the family with utilizing the item safely. (The preference would be to not give an item meant for older kids. For example, if the item is for 20 months and the child is 18 months, we would not purchase this until the appropriate age is met.)
5. If you are adding toys that do not have an adaptive component, they're not considered AT.
 - a. Example: A stuffed animal would not be considered AT unless it's weighted and trialed, which would then help meet the regulation goal.



- b. Example: A shape sorter would not be considered AT. However, a bubble machine with an adaptive switch to support the child is considered AT.
- 6. Cups, bowls, and spoons must have a special design or feature to help the child meet the developmental outcome listed in the IFSP.
 - a. Example: Hand flapping that requires a bowl to be secured to the table is considered AT. However, if the child dumps their plate on the floor for cause-and-effect play, the suction plate would not be considered AT.