



Application for Specialized Equipment Amount (SEA)

Please send completed applications to the Special Education and Student Services Department

Student name	<input type="text"/>	School	<input type="text"/>
OEN	<input type="text"/>	Resource/System Class Teacher	<input type="text"/>
Student #	<input type="text"/>	School Office Administrator	<input type="text"/>
Student DOB	<input type="text"/>	School Phone Number	<input type="text"/>
Grade	<input type="text"/>	Consultant	<input type="text"/>
Is this student identified?	<input type="radio"/> yes <input type="radio"/> no	Others involved	<input type="text"/>
		Exceptionality	<input type="text"/>

Supporting Documentation / Assessments

Psych-ed Report or Addendum (Author):	<input type="text"/>	Date:	<input type="text"/>	<input type="radio"/> OCSB
				<input type="radio"/> Third Party
Speech and Language (Author):	<input type="text"/>	Date:	<input type="text"/>	<input type="radio"/> OCSB
				<input type="radio"/> Third Party
OT Report (Author):	<input type="text"/>	Date:	<input type="text"/>	
Physiotherapy (Author):	<input type="text"/>	Date:	<input type="text"/>	
Other:	<input type="text"/>	Date:	<input type="text"/>	

Application Checklist - please make sure to include/observe the following before submitting your application:

- Letter/Report/Addendum from a professional** indicating the essential nature of equipment for the student is included
- A copy of the **third party storage form**.
- A current IEP (indicating use of technology** - if application is for the same) is included and **signed by the Principal**
- Quotes are included for any specialized equipment** NOT including computer related items
- **For applications for medical and physical equipment** - please ensure you have contacted your Spec Ed Consultant

Please ensure that all required documentation is attached to this form. Incomplete applications will be returned.
Only applications received with all required documentation attached will be processed.
Please send your completed application to the *Special Education and Student Services Department*.

Recommended Support:

- Word Prediction Support
- Text to Speech Support
- Mindmapping Support
- Speech to Text Support
- Specialized Written Expression (Clicker)
- Oral Response format

Recommended device:

- Chromebook bundle
- Tablet bundle
- Laptop w/ specialized software (i.e. BLV)

Other

In this section please check the student's current access to the following:

- | | | | |
|------------------------|--|------------------------------------|------------------------------------|
| speech to text support | <input type="checkbox"/> Resource Room | <input type="checkbox"/> Classroom | <input type="checkbox"/> no access |
| text to speech support | <input type="checkbox"/> Resource Room | <input type="checkbox"/> Classroom | <input type="checkbox"/> no access |
| iPad or tablet | <input type="checkbox"/> Resource Room | <input type="checkbox"/> Classroom | <input type="checkbox"/> no access |
| laptop or chromebook | <input type="checkbox"/> Resource Room | <input type="checkbox"/> Classroom | <input type="checkbox"/> no access |

other points of access to technology

Please check the following items where they apply:

- The student's current IEP reflects use of technology on the accommodations page
- The student displays a readiness and a willingness to use technology to access the curriculum

Please attach this application to (1) the student's IEP, (2) a copy of the professional letter recommending equipment and (3) a copy of the third party storage form and forward it to the **Special Education and Student Services Department**.
Incomplete applications will be returned.

Date Sent:

Signed:

For OFFICE USE ONLY

- Corresponding file with relevant documentation stored at CEC

iOS tags and peripherals



Signature of Itinerant Resource Teacher supporting Assistive Technology

Date signed by Itinerant Resource Teacher Supporting Assistive Technology