**Stage C - Assistive Technology Device Renewal**

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|  | Name of Student: | Date of Renewal: | Device Name & Serial Number: |
| Key Software Required: | School: | School Contact: |

**Part 1: How will AT Device be implemented in the classroom next year?**

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| Task 1: |  |
| Task 2: |  |
| Task 3: |  |

**Part 2: Is Further Support needed in classroom? Yes No**

**Additional Information:**

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**For Office Use Only:**

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| Date Equipment was received: Person Responsible for maintenance & Setup: Date Equipment was sent back to School: Further Support Required:  |

***Please Note: All Assistive Technology Devices Must be sent to Division Office by May 30th***