

NOTE: Please copy and paste to create your own customized AT Assessment request letter. Make sure you keep a "proof of delivery" receipt (i.e. Fax confirmation, date stamp from school office, etc)

**ASSISTIVE TECHNOLOGY (AT) ASSESSMENT REQUEST**

Parent/Guardian/Education Rights Holder Name  
Address  
City, State, Zip Code  
Telephone Number

Date **[NOTE: This process is driven by timelines. Dates are important]**

Attn: [Administrator Name]  
Director of Special Education  
\_\_\_\_\_ Unified School District

Address  
City, State, Zip Code

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_  
Grade: \_\_\_\_\_

Dear [Administrator Name],

I am the parent of [Student Name], who is currently enrolled at the [School Name] in the [X] grade. I am concerned about my child's access to instructional materials in a form that will enable him to make progress toward his IEP goals.

Although he has an IEP for which services are currently in place, I feel his lack of appropriate curricular modifications/accommodations are the direct result of a need for additional services, and that his current IEP is inadequate to protect his right to a free and appropriate education (FAPE) in the least restrictive environment (LRE). I understand that IDEA requires that IEP teams fully consider the specialized needs of students for Assistive Technology, regardless of the disability, disability category, or severity of the disability.

I am writing to make a referral for additional assessment for special education services as required by 5 C.C.R. Sec. 3021(a). **I am requesting that my child be given a comprehensive Assistive Technology (AT) assessment, by a certified Assistive Technologist**, qualified to identify appropriate AT tools, strategies, curricular accommodations/modifications, and specialized instruction for my child to meet his unique needs (and AT support to his IEP team, as necessary) so that he can make progress toward his IEP goals.

***[Explain your child's challenge in accessing instruction related to disability – EXAMPLE:]***

My child has a visual impairment, in addition to his disability of autism. His IEP specifies that he have access to large print (at least 18 point font) for all curricular/instructional materials, including textbooks, reading materials, handouts, tests, etc. as his individualized accommodation. A thorough AT Assessment is necessary to assist my child's IEP team to appropriately identify:

- Instructional materials from each class that require modification to conform to my child's visual needs
- Who will be responsible to coordinate with my child's teachers on a regular basis to gather textbooks, reading materials, handouts, tests and other supplementary materials used so that they may be modified in advance of their use
- Who will be responsible to modify materials to conform to my child's visual accommodation needs
- What amount of frequency and duration will be necessary for a person responsible to provide liaison services and adapt/modify instructional materials
- What AT tools (hardware/software/strategies) my child and the IEP team may need to effectively ensure access to instructional material
- What training may be necessary in the use of such tools and strategies.

I look forward to receiving an Assessment Plan within 15 calendar days for my review and consent and that the IEP team meeting will be scheduled at a mutually agreeable time and place to discuss the evaluation findings and recommendations to meet my child's unique needs in the IEP. I understand that if evaluation is refused that I am required to receive Prior Written Notice (PWN) that meets the requirements of IDEA.

If you have any questions, please feel free to contact me.

Thank you for your cooperation and assistance. Sincerely,

[signature]

Parent/Guardian/Education Rights Holder Name

Cc: [School Principal Name and other members of the IEP team as necessary]