



SoonerStart Early Intervention Program

Assistive Technology: Request for Use of SoonerStart Funds

Child's Name:	SoonerStart Site:	Date:
<p>This request is to be completed by the Service Coordinator and submitted to the Executive Director for SoonerStart Early Intervention, Special Education Section, Oklahoma State Department of Education. A response will be provided within 10 working days of receipt of this request.</p>		
<p>Please attach order information, manufacturer, model #, and picture of device and vendor for the assistive technology device(s)/Service(s) requested. Please provide the information requested for the below 4 items. If the information is included in existing documentation, you do not need to duplicate on this form, but rather attach relevant documents (evaluation or assessment reports, applicable sections of the IFSP, assistive technology guide, etc.) to support your request.</p>		
<p>State the IFSP outcome to be addressed by use of AT requested:</p>		
<p>Identify infant/toddler present abilities and consideration of these abilities in relation to use of specific type of assistive technology requested:</p>		
<p>Identify the environmental considerations for use of the technology at home, in the community, or other natural environments in which the child may participate:</p>		
<p>Identify efforts to access other sources of funding and state the results:</p>		
<p>State Office Use:</p>		
SoonerStart Region:	Service Coordinator:	Date Request Received:
Phone:	Fax:	
<p>Identify Assistive Technology Assessment Team Members:</p>		