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| *North Carolina Infant-Toddler Program*  |       |

*Assistive Technology iPad App Request*

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| --- | --- | --- | --- | --- |
| **Date:** |       | **CDSA:**  |  |  |
| **Name & Title of Person Requesting App:** |       | **Phone #:** |       |  |
| **Email Address:** |       |  |
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| --- | --- | --- |
| **Name of App:**  |       |  |
| **Hyperlink to View or Get More Information:** |       |  |
| **Description:**  |       |  |
| **Price:**  |       |  |  |
| **App is most appropriate for what ages:**  |       |  |  |
| **If there a specific child in mind for this app? [ ]  Yes [ ]  No** |  |
| **Child’s Age:**  |       |  |  |
| **Is the AT Service on the IFSP? [ ]  Yes [ ]  No** |  |
| **If yes, copy the outcome/activity here:**  |       |  |
| **Describe how the app will help a child and family meet IFSP outcomes:**  |  |
|  |       |  |
| **Additional Comments:**  |       |  |
|  |  |

**Email or Fax this Request to:**

**Brian Deese, Early Intervention AT Consultant**

**Brian.Deese@dhhs.nc.gov**

FAX (919) 870-4834

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| **Date Received by Early Intervention AT Consultant:** **Comments:**      **Approved for Purchase: [ ]  Yes [ ]  No Date Purchased:**  |