|  |  |
| --- | --- |
| *North Carolina Infant-Toddler Program* |  |

*Assistive Technology iPad App Request*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** |  | | | **CDSA:** |  | | |  |
| **Name & Title of Person Requesting App:** | | |  | | | **Phone #:** |  |  |
| **Email Address:** | |  | | | |  | | |
|  | |  | | | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**](mailto:Brian.Deese@dhhs.nc.gov)

FAX (919) 870-4834

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