



REQUEST FOR ASSISTIVE TECHNOLOGY REIMBURSEMENT

School District: _____

Student Name: _____

Grade: _____

Special Education Teacher: _____

Disability: _____

Equipment Requested (Be Specific): _____

Vendor: _____

Cost of Equipment: _____

Signature of Superintendent/Principal

Date

Signature of Char-Em ISD Assistive Technology Team/Member

Date

To the Local District Business Office:

The local district is required to purchase the assistive technology equipment.

To be reimbursed by the Intermediate School District please submit the following:

- 1. Copy of this signed form
- 2. Copy of the invoice for the equipment

All requests for reimbursement MUST be received at ISD Business Office by May 31.