

Permission to Assess – Assistive Technology

Date: _____

Dear _____,

Your child has been referred for an Assistive technology evaluation by the SWAAAC team. This evaluation will look at one or more of the following areas:

- Verbal Communication
- Written Communication
- Access to learning tools and strategies
- Other _____

EVALUATION

- I **Do** give permission for _____
To be evaluated by the SWAAAC team.
- I **Do Not** give permission for _____
To be evaluated by the SWAAAC Team,

PHOTO/VIDEO

- I Do give permission for _____
To be photographed/videotaped by the
SWAAAC Team.
- I Do Not give permission for _____
To be photographed/videotaped by the
SWAAAC Team.

Parent/Guardian

Date