



Assistive Technology Solutions at FRA
35 Haddon Avenue, Shrewsbury, NJ 07702 ~ 732-747-5310

Service Contract—AT Assessment

Student's Name: _____ DOB: _____

Diagnosis: _____

School: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Contract to: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

SERVICE AGREEMENT:

We are pleased to provide you with an assistive technology assessment for the above student. Please fill out two pre-assessment forms which can be downloaded from our website. Please distribute one to the student's parents or caregivers, and the other to a teacher or therapist who knows the student well. The assessment date and time will be scheduled upon receipt of the following:

- One copy of this contract, signed.
- The completed pre-assessment forms.
- A copy of the child's most recent IEP as well as any recent evaluations.

SPECIFIC SERVICES DESCRIPTION:

Goals include awareness and use of computer-related resources to assist the student in meeting educational goals. In follow-up, a formal written report providing details of assessment and product information will be given to school and family.

STAFF MEMBER PROVIDING SERVICE:

Joanne Castellano, Assistive Technology Specialist, Melissa Drew, Assistive Technology Specialist, Special Education Teacher, or Arlene Siegwarth, Assistive Technology Specialist, Special Education Teacher.

FINANCIAL AGREEMENT:

At TECHConnection : \$480.00
At your facility: \$480.00 plus \$35.00 per each half hour of travel

Follow-up Services:

Following the AT evaluation, follow-up services including consultation to the school staff, training on device or software and help with implementing the recommendations are available on a fee-for-service basis.

Please sign and return one copy of this letter to the TECHConnection/Family Resource Associates, Inc. Payment or purchase order payable to TECHConnection can follow.

I approve this contract and will send payment or purchase order promptly.

Joanne Castellano
Director, TECHConnection

DATE

School Representative
Print

DATE

TITLE

School Representative
Signature