



SERVICE CONTRACT - AT Assessment

Student's Name: _____ **DOB:** _____

Diagnoses : _____

School: _____

School Address: _____

City : _____ **State :** _____ **Zip :** _____

Contract to: _____ **Title:** _____

Address: _____

City : _____ **State :** _____ **Zip :** _____

Phone : _____ **Fax :** _____ **Email :** _____

Case Manager : _____ **Title :** _____

Address: _____

City : _____ **State :** _____ **Zip :** _____

Phone : _____ **Fax :** _____ **Email :** _____

SERVICE AGREEMENT :

To determine if the child needs AT in order to continue to progress in the curriculum and, if so, what types of AT will be needed. 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:

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

SPECIFIC SERVICES DESCRIPTION:

Goals include awareness and use of computer-related resources to assist the student in meeting educational goals. Classroom observation will be provided when necessary on the day of the evaluation. For students who are evaluated at the FRA facility, then teachers or appropriate therapists should accompany the student to the evaluation. Family is also invited to attend the evaluation. In follow-up, a formal written report providing details of assessment and product information will be given to the school with an additional copy for the family.

STAFF MEMBER PROVIDING SERVICE:

Arlene Siegwarth, Assistive Technology Specialist, MA. Special Education

FINANCIAL AGREEMENT:

At TECHConnection : \$480.00

At your facility: \$480.00 plus \$40.00 per each half hour of travel

The TECHConnection at FRA has professional liability and malpractice insurance.

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 bases.

SIGNATURES:

Please sign one copy of this letter and return to the TECHConnection/Family Resource Associates, Inc., at the address indicated on this letterhead.

I approve this contract for an A.T. evaluation. Payment to FRA will be made after the receipt of the report and submission of the completed purchase order.

Janine Bedford-Sims
Accounts Receivable – FRA

DATE

School Representative
PRINT

DATE

TITLE

School Representative
Signature