

South Eastern Special Education  
Assistive Technology Library Request

NAME: \_\_\_\_\_

DISTRICT: \_\_\_\_\_

BUILDING: \_\_\_\_\_

ITEM REQUESTED: \_\_\_\_\_

number & description

FOR

CLASSROOM USE

INDIVIDUAL STUDENT \_\_\_\_\_

TECHNICAL SUPPORT NEEDED

None at this time.

Please phone me at \_\_\_\_\_ so I can ask questions.

Please visit my classroom to help with this equipment. I'm available  
\_\_\_\_\_

Please notify me of other similar assistive technology items available.

Please notify me if a workshop specific to this item is available.

**PLEASE RETURN REQUEST TO: SESE  
Attention: AT Library  
Box 185  
Ste. Marie, IL 62459**

For Office Use Only:

Requested item sent \_\_\_\_\_

Monitor use on \_\_\_\_\_

Follow-up completed on \_\_\_\_\_

Pick – up item on \_\_\_\_\_

Item returned in good condition.

Item returned and requires service.