



Assistive Technology Exchange Network
7550 West 183rd Street, Tinley Park, Illinois 60477
708-444-8460 Fax: 708-429-3981
UCP Seguin of Greater Chicago

Ref. Number: (office use) Date: _____

All information MUST be completed in order for the application to be processed.

School Name: _____

District: _____ County: _____

Contact Name: _____ Contact Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt: Phone: _____

Email Address: _____

List below the NUMBER quantity of computer equipment you are requesting.

Quantity and Type of Computer Request Desktop ☐ Laptop ☐ iPad ☐ Chromebook ☐

Complete with Monitor, Keyboard, Mouse, Cords, Windows Operating System, Microsoft Office Suites

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Number of students and their gender of user per computer system that is requested.

Female ☐ Male ☐ Non-Binary ☐ Does the student(s) have a current IEP or 501 Plan? Yes ☐ No ☐

Number of students and the eligibility of user per computer system that is requested.

Autism <input type="checkbox"/>	Deaf – Blindness <input type="checkbox"/>	Deafness <input type="checkbox"/>	Developmental Delay <input type="checkbox"/>
Emotional Disability <input type="checkbox"/>	Hearing Impairments <input type="checkbox"/>	Intellectual Disability <input type="checkbox"/>	Multiple Disabilities <input type="checkbox"/>
Orthopedic Impairment <input type="checkbox"/>	Other Health Impairment <input type="checkbox"/>	Specific Learning Disability <input type="checkbox"/>	Speech - Language Impairment <input type="checkbox"/>
Traumatic Brain Injury <input type="checkbox"/>	Visual Impairment <input type="checkbox"/>		

Number of students and their race/ethnicity of user per computer system that is requested.

American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐
Native Hawaiian or Other Pacific Islander ☐ White or Caucasian ☐ Two or more Races ☐

Number of students and the intended level of user per computer system that is requested.

Preschool ☐ Elementary School ☐ Middle School ☐ High School ☐ Transition ☐

Number of students and their intended location of user per computer system that is requested.

Classroom ☐ Tech Lab ☐ Home ☐ Multiple Environments ☐

Number of students and the purpose of equipment for user per computer system that is requested.

Access/Increase Participation in General Curriculum <input type="checkbox"/>	Access/Increase Participation Community/Vocational Setting <input type="checkbox"/>
Access/Participation Social Networking/Internet <input type="checkbox"/>	Access/Participation Related Service/Therapy Support <input type="checkbox"/>

PICK-UP/SHIPPING ARRANGEMENTS:

- ☐ School will pick up equipment from ATEN - 7550 West 183rd Street - Tinley Park, IL.
☐ Ship equipment to the school. There is an additional cost for shipping and handling.

PROCESSING FEE:

A **\$20.00** per iPad; **\$35.00** per desktop **\$45.00** per chromebook; **\$50.00** per laptop system will be required at time of pick up / delivery.

I agree to the terms stated above.

(Administrative Signature/Title)

(Date)