



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 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

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. All shipping and handling fees are the responsibility of the school.

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)