

Supports for Independence Application Form



Date: _____

Student Name: _____ DOB: _____

School: _____ Teacher: _____ Grade: _____

Student Number: _____ Gender: M F

This student has an ROA: Y N This student has an IIP: Y N

Previous School Attended: _____

Parents/Guardians: _____

Mailing Address: _____

Phone Number:

(H) _____ (C) _____ (W) _____

Email address:

Name of Person Completing Form: _____

Other Team Members Involved:

Supportive Technology/Specialized Equipment

Item Requested: _____

Estimated Cost: _____ ***** Please attach purchasing information*****

Requested Supports for Independence Considerations:

1. Strategies currently used to increase student access to his/her educational program:

2. Current level of performance without requested Supports for Independence:

3. How will the requested support impact the student's access to the educational program?
4. Attach a copy of the **appropriate portion(s) of the IIP** which outlines the areas within the IIP indicating:
- a) How and where this SFI will be used
 - b) How will its use be supported and/or monitored
 - c) How will its use and effectiveness be evaluated
 - d) Plan for training staff and/or student in use of the support
5. Have you trialed any supportive technology? Y N
- If yes, what did you trial and how did it work?

Team Member Signatures:

SSST: _____ Classroom Teacher: _____

Principal: _____ SLP: _____
Ed. Psych.: _____ OT: _____
Other Professional: _____