



ASSISTIVE TECHNOLOGY PREAUTHORIZATION FOR EVALUATION

DATE: _____

SCHOOL DISTRICT: _____

STUDENTS NAME: _____

CSE CHAIR/REPRESENTATIVE:

Name

Address

City/State/Zip

DESCRIPTION OF SERVICE TO BE PROVIDED: A comprehensive assistive technology evaluation by the WIHD Assistive Technology Team. The comprehensive evaluation may require the services of one or more of the following disciplines: Speech-Language Pathologist (Augmentative/Alternative Communication/Instructional Technology); and/or Occupational Therapist (Access/Instructional Evaluation fee will be determined as follows:

One discipline:	\$1,380.00
Two disciplines:	\$1,890.00
For AAC Evaluations - price includes one hour of set up by an AAC speech expert	
Travel cost per school visit:	\$25.00 - under 20 miles / \$50 - over 20 miles

Please note in the event an evaluation has to be re-written (in medical or educational format) there will be an additional charge of \$200.

Signature of Authorized Representative _____
Date
[Signature above verifies that district has received consent from parent/guardian for WIHD staff to contact parent/guardian.]

Printed Name of Representative _____
Title

CONTACT AT SCHOOL:

Name: _____

Title: _____ Phone #: _____

Address: _____

Please return completed form and relevant reports to:
Westchester Institute for Human Development, AT Dept. Fax# 914-493-3964



Westchester Institute
for Human Development

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Westchester Institute for Human Development
Cedarwood Hall, Valhalla, NY 10595
(914) 493-8150 • wihd.org

June 18, 2018

Yonkers Public Schools
One Larkin Center
Yonkers, NY 10701
Attn: Deborah Mason, Director of Sp Ed Compliance, Sp Ed Dept.

CONFIRMATION OF ASSISTIVE TECHNOLOGY TRAINING

Proposed Activities:

Service: **Assistive Technology Training** for student (Michael Valente) – Five (5) Hours
Training conducted by OT Therapist, Karen VanDenHeuvel, OT/R

Cost: \$225.00 per hour or \$560.00 for 3 consecutive hours
Travel fee: \$25 under 20 miles/\$50 over 20 miles
As referenced in the signed contract agreement between the school district
and WIHD.

(Note: if additional time is needed, the district will be contacted for prior approval.
Similarly, if less time is needed and/or desired, the number of sessions will be
reduced and reflected in the final billing statement)

Signature of Authorized Representative

Date

Printed Name of Representative

Title

Contact Person

Telephone & email

Please return signed document via fax or email to:

Assistive Technology Department
FAX (914) 493-3964 atp@wihd.org

UNIVERSITY CENTER FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES

Assistive Technology Program atp@wihd.org T (914) 493-1317