

## Assistive Technology/Environmental Modification Evaluation Request Form

Name of Individual: \_\_\_\_\_ DDD ID #: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Agency requested for evaluation: \_\_\_\_\_ Cost: \_\_\_\_\_

Please explain the purpose of the evaluation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the description of services needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by the Division of Developmental Disabilities

Denied     Approved

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

If denied, reasoning and/or additional information needed for approval: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_