



LUZERNE INTERMEDIATE UNIT
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Learning

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Behavioral Health

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Administrative Services

Assistive Technology Lending Library Request Form

Name:

Position:

Email:

Phone:

District:

School Bldg.:

What item(s) are you requesting to borrow?

Reason for trial:

AT for Communication

AT for Spelling

AT for Reading

AT for Written Expression

AT for Organization

AT for Math

AT for Accessing Print Materials

AT for Handwriting

Do you require technical assistance from the LIU 18 Assistive Technology
Consultant(s)?

YES

NO

Please remember to save the information prior to emailing the form.

Email to: assistivetech@liu18.org

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