

Project KITE Application

Thank you for filling out this application with detailed information. Once completed, you can email it to stc@pacer.org or mail it to the PACER Center, 8161 Normandale Blvd, Minneapolis, MN 55437, ATTN: Project KITE

Name: _____ Date: _____

Are you a parent, teacher, or service provider? _____

School Name/District: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

Best means to Contact: _____ Preferred Language: _____

Student/Child's name: _____

Student/ Child's Age/Grade: _____

Please describe your student/child's strengths:

Please describe your student/child's disability and how it affects them academically and socially:

Does your student/child currently use Assistive Technology (AT)? If so, what is he or she using?

Is this technology useful to your child/student?

What skill areas would you like your student/child to develop or improve with assistive technology?

Why do you wish to participate in Project KITE?