



Application for the Technology Inclusion Project 2009 – 2010

The Technology Inclusion Project will provide assistive technology tools, resources and training to 30 BC special education teachers to help them create more active and participatory learning environments for students with severe and multiple disabilities.

SUBMIT ONE APPLICATION ONLY PER SCHOOL DISTRICT TO SET-BC BY APRIL 30, 2009.

This form can be completed electronically using Microsoft Word.

Send by mail to above address, by fax to 604-261-2256, or by email to jdrescher@setbc.org.

1. DISTRICT & SCHOOL INFORMATION

School name:	_____	District name / #:	_____
School address:	_____	School principal:	_____
City:	_____	Teacher:	_____
Postal code:	_____	Teacher email:	_____
School phone:	_____	District special education administrator:	_____
School fax:	_____	Administrator title:	_____
Grade level:	_____		

2. CLASS DESCRIPTION (teacher to complete)

Describe the diversity of students in your classroom or resource room.

This box will expand when text is entered.

Describe the assistive technologies currently used in your classroom or resource room.

Describe your current level of experience with assistive technology.



Describe the current challenges and barriers you face in helping students with severe and multiple disabilities to meet their IEP goals.

Describe the changes you hope to achieve in instruction and student achievement by participating in this project.

Comment on your access to internet based resources and training in the classroom.

	Comments
Can you download and save files from external websites?	
Have you downloaded files from the SET-BC or PISP websites?	
Can you access online training or webinars in your classroom or school?	
Other comments	

If your project application is accepted, how will you share information on effective strategies and technology implementation to help build capacity in your school district?



3. STUDENT IEP INFORMATION:

Please describe 2 IEP objectives which could be supported with assistive technology for a student with severe disabilities who is over 10 years of age and currently in your classroom/resource room.

IEP Objective 1	
IEP Objective 2	

4. SIGNATURES

I will attend the training days in Vancouver on October 23, 2009 and January 11, 2010, implement the technology provided in my classroom, and complete 2 short project surveys.

Signature of teacher

We support this application for the above teacher to participate in the Technology Inclusion Project.

Signature of school principal

Signature of school district special education administrator