

School Concurrence

As representatives of _____ (school system) we agree with the _____ (augmentative speech device) recommended for _____ by the ID team. The ID team will not be held financially responsible.

The following school representatives agree with the chosen device and have developed a treatment plan.

Name:	Name:
Signature:	Signature:
Position:	Position:
Name:	Name:
Signature:	Signature:
Position:	Position:

Date: _____

School System: _____

Address: _____

City, State, Zip: _____

Primary Contact Person: _____

* Only one school representative is required.