

**EDUCATIONAL TEAM REQUEST FOR AT CONSULTATION
REGARDING PREVIOUSLY SERVICED STUDENTS
One Time Troubleshooting (OTT) Request Form**

PLEASE NOTE: *With this form, you are requesting a one time troubleshooting or training session with an assistive technology consultant. If any further assistance is required, you will need to submit additional requests.*

Student: _____

District: _____ School/Educational Team: _____

District Key Communicator has been notified of this request.

Contact Person: _____

Phone: _____

Email: _____

Best Time to Call: _____

Specific need to be addressed: _____

Prior AT Consultant, if known: _____

For Office Use Only

Resolved Outcome

Training
Software Troubleshooting
Device Troubleshooting
Computer Troubleshooting
Access
Referral to ATGT

Forwarded Outcome

Vendor
District IT
LADSE IT
Other: _____

Date received: _____

Phone contact: _____

Consultation date: _____

Time: _____