|  |  |
| --- | --- |
| SOS Grant Application | C:\Users\niallison\Desktop\unnamed (2).jpg |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City State Zip Code |  |
| Home Phone |  |
| E-Mail Address |  |
| School District/Position |  |
| Are you a current OSSPEAC Member? |  |

## Student Information

|  |  |
| --- | --- |
| First Name |  |
| District of Residence |  |
| School |  |
| Grade |  |
| Gender |  |
| Primary Disability |  |

## Item Requested Information

|  |  |
| --- | --- |
| Specific Item |  |
| Manufacturer |  |
| Cost |  |

## Student Profile

### Please describe the student and include his or her strengths, challenges and needs.

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| --- |
|  |

## Communicative Needs

### Please describe how the requested item will support the student’s communicative needs.

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## Access to Curriculum

### Please describe how the requested item will support access to the educational curriculum. This may include information related to mastery of IEP goals.

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| --- |
|  |

## Implementation

### Please describe how use of the item will be implemented into the classroom or treatment sessions.

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|  |

## Considerations

### Please share any other pertinent information.

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## Assistive Alternative Communication

### This section must only be completed if an AAC device or related product is requested. Please describe how it was determined that the requested item fits the needs and abilities of the student. Please include a list of other augmentative or alternative methods or products that have been trialed with this student and the results of the trials.

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### By submitting this application, I agree to provide the OSSPEAC Scholarship and Grants Committee receipts for any items purchased with SOS Grant Funds. Furthermore, I agree to submit a survey about the use of the purchased item(s) and photographs of the student using the item(s). The survey information and photographs may be used in OSSPEAC publications.

|  |  |
| --- | --- |
| Name  |  |
| Date |  |

## Submission

Please submit completed application as an email attachment to OSSPEAC@windstream.net

### Completed applications must be electronically submitted by **December 31.**