



Assistive Technology Partners

Department of Physical Medicine and Rehabilitation

Application: Early Intervention Assistive Technology Consultant

Thanks for your interest in becoming an AT Consultant in Early Intervention. We would like to get to know you a little more and make sure this position is a good fit for you and for us. Please be sure to read the guidelines written for this position before filling out this application. You can find them at www.TechForTykes.org.

Please print this form before filling it out.

Applicant Information

Full Name: _____ **Date:** _____
Last First M.I.

Home Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: () _____ E-mail Address: _____

Work Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: () _____ E-mail Address: _____

Please indicate best method to contact you.

Discipline (circle): OT PT SLP ECE ECSE PSYCH OTHER: _____

Area Served (Include CCB or BOCES program/county(s)): _____

- I currently work as:
- A salaried provider
 - A contract provider
 - In private practice

Average days per week providing EI services: ____

- I have read the AT Consultant position guidelines:
- Yes
 - No

AT Knowledge and Experience

Please note this is not a test. We would just like to get a sense of your needs for further training.

Describe your definition of and experience with assistive technology (Types of AT used, setting, depth of knowledge).

Training (Formal coursework, on-the-job, continuing education, conference, etc.)

Knowledge gaps in AT in early intervention:

Comfort with AT assessment:

Miscellaneous

What is your ability or interest in spending time within your work hours for AT? (Consulting, evaluating, researching, modifying/fabricating, accessing the loan bank, etc.)

Are you familiar with the ATP loan bank and if so, what is your experience with it?

Would you be willing to participate in an online discussion group on AT and EI?

- Yes
 No

Would you be willing to commit to two days for a free training on AT in EI provided by Assistive Technology Partners in Denver?

- Yes
 No

Would you be willing to commit to participating in a teleconference every 6 – 8 weeks for an hour to share information with your peers and continue your learning?

- Yes
 No

Signature: _____ Date: _____

Thanks for taking the time to fill this out. We look forward to talking further with you.

Once you have completed this application, please mail or fax it to:

Brian Burne
Assistive Technology Partners
601 E. 18th, Suite 130
Denver, CO 80203
Fax: 303-837-1208



For additional information contact Brian Burne at 303-315-1287 or by email at brian.burne@ucdenver.edu.

