



NET-AT

Northeast Tennessee Assistive Technology Cooperative

East Tennessee State University Box 70548 Johnson City, TN 37614 (423) 439-4161

Parent Notification of Assistive Technology Evaluation Date

Date: _____

Student: _____

To: _____

School: _____

This is to notify you that the Assistive Technology Evaluation is scheduled on _____ at _____:_____ a.m./p.m. The team will arrive approximately _____:_____ a.m./p.m. If there are unforeseen reasons why the evaluation cannot take place, an alternate time and date will be determined. Notification of that time will be sent accordingly. If you have any questions or concerns please call or email your team leader _____ at _____ - _____ or email _____ @ _____.

Thank you,

Marci McMurray
NET-AT Cooperative, TAI
423-439-4161
mcmurray@etsu.edu