Assistive Technology Coalition Center
7550 West 183rd Street * Tinley Park, IL 60477
Attn: Heather Miller Schwarz * hmiller@ucpnet.org
Phone (815) 370-3710 Fax (708) 570-3366

REQUEST FOR INFINITEC COALITION SERVICES COLLABORATION

Section 1

Coalition (check 1)

☐ North ☐ Southwest ☐ West ☐ Mid-State ☐ Southern IL ☐ KIC

Cooperative/Member Agency Name: _____

Member Agency Liaison Name: _____ Phone #: _____

Section 2

Type of Collaboration

☐ Student Collaboration (complete information in Section 3) ☐ Classroom Collaboration

Level of Support (please refer to Collaboration Description of Services

☐ Standard Collaboration ☐ Extended Collaboration ☐ Coaching Collaboration ☐ Supported Assessment

Please note, there is a $750 charge for supported assessment services, $1,350 charge for each standard collaboration, a $1,725 charge for an extended collaboration, and a $2,850 for a coaching collaboration

Collaboration Focus (for a standard collaboration please select 1):

☐ AAC ☐ Reading ☐ Writing ☐ Access ☐ Other _____

Section 3

Student Name: _____ Birthdate: _____

Gender: ☐ Male ☐ Female Previous Infinitec Collaboration? ☐ Yes ☐ No

Anticipated Funding Source: ☐ School District ☐ Alternate Funding (e.g., Insurance, Medicaid, etc.)

Teacher: _____ District of Residence: _____ District of Attendance: _____

District Address: _____ City/State: _____ Zip: _____

School Attending: _____ Phone: (____)_____

School Address: _____ City/State: _____ Zip: _____

Referral Person: _____ Position: _____ Phone: _____

School Contact Person: _____ Position: _____ Phone: _____

Contact Email _____

Parent/Legal Guardian/Foster Parent: _____

Section 4

This signature below indicates my authorization for my student's agency/district to exchange information with Infinitec personnel.

_____ _____

Parent/Legal Guardian Signature Date

*Parent signature requested for equipment rental and required for collaboration.

_____ _____ _____ _____

Dist. Supt./Designee Signature Date Referring Person Signature Date

*District signature required prior to processing of request

_____ _____

Coalition Liaison Signature (required) Date

*Liaison signature required prior to processing of request.

Coalition liaison return request to the Infinitec Assistive Technology Coalition Center. Rev: HMS 8/1/26