

Dear Student:

The AMAC at the Georgia Institute of Technology appreciates your interest in our assistive technology assessment services. AMAC provides assistive technology assessment services in order to assist you in identifying technology products, services and resources that meet your individual needs.

Since you have decided to be assessed, there are a few steps you must follow. This packet contains instructions you need to complete and materials you must provide before your assessment service can be scheduled. Please complete all of the information / forms in this packet. When all of the information is collected, send it along with the assessment fee (explained below) to:

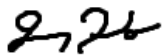
AMAC, Assessment Services
ATTN: Joe Tedesco, M.Ed., ATP
512 Means Street, Suite 250
Atlanta, Georgia 30318

When the completed packet and fee are received at AMAC, you will be contacted and scheduled for your assistive technology assessment. Please know that AMAC does not file for reimbursement for assessment services including; private insurance, Medicare, Medicaid, etc. If Vocational Rehabilitation is paying for the assessment service, we must receive an authorization for payment (A&I) from your disability counselor prior to scheduling.

You'll receive assessment results approximately two weeks after the assessment. With your permission, we can send the final report out to two additional individuals, professionals and/or institutions that you authorize.

After reviewing the materials in this packet, should you have any questions or concerns, please contact Joe Tedesco, directly; office: 404-894-8303 or email: joe.tedesco@amac.gatech.edu .

Sincerely,

A handwritten signature in black ink, appearing to read "J. Tedesco".

Joseph A. Tedesco, M.Ed., ATP
Assistive Technology Practitioner
AMAC Learning and Development

AMAC Assessment Services Description

TechMatch Assessment

The AMAC TechMatch Assessment is an excellent way to discover what assistive & mainstream technology is available as well as the strategies for using that technology to improve your ability to meet your educational and employment goals. You'll be provided with a report that will act as a 'next step' Assistive Technology (AT) exploration and implementation plan and finally we will follow-up to assist you with questions that may arise as a result of your adopting the new technologies.

Includes:

- Review of tests and reports
 - Examples: Psychological testing, IEP, work plans, medical and therapy Reports, etc.
- Technology Consultation: Discussion of goals, strengths & challenges of the student and their environment. AT Exploration: Demonstration of technology tools. (approx. 2 hours)
- Written Report
 - **Report:** Summarizes the technology consultation with a personalized and comprehensive list of AT information & resources which provide next steps for AT usage.
- Follow-up communication: We will follow-up to assist you with questions that may arise as a result of your adopting the new technologies.

Cost: \$350



Payment Agreement Form

I, _____ (please print: Client Name or Legal Guardian whichever is responsible for payment) understand: (please initial next to each point below indicating you understand)

- 1) There is a cost for AMAC Assessment Services. (____ Initials)
- 2) Services will not be rendered until payment is received. (____ Initials)
- 3) I am solely responsible for paying related costs for services and any additional charges that may relate to cancellation, rescheduling or no-shows. (____ Initials)
- 4) AMAC does not file for reimbursement for assessment services; e.g., private insurance, Medicare, Medicaid, Social Security Insurance (SSI),etc. (____ Initials)
- 5) If Vocational Rehabilitation (VR) is paying* for the assessment, AMAC must receive an authorization for payment (A&I) from your disability counselor prior to scheduling. Please complete information regarding VR if they are paying for the Assessment Service. (____ Initials)

* If for any reason Vocational Rehabilitation later rescinds their agreement to pay for the service. The Client or Legal Guardian whose signature appears below will be charge for services rendered. (____ Initials)

Vocational Rehabilitation Contact Information (please print)

_____	_____
Counselor's Name	Counselor's Phone Number
_____	_____
Office Location (City or Regional Office)	VR Case Number

Confirm AMAC Assessment Service

Place an "X" in blank below.

TechMatch AT Assessment: \$350

The AMAC TechMatch AT Assessment is an excellent way to discover what assistive & mainstream technology is available as well as the strategies for using that technology to improve your ability to meet your educational and employment goals. You'll be provided with a report that will act as a 'next step' AT exploration and implementation plan and finally we will follow-up to assist you with questions that may arise as a result of your adopting the new technologies. Includes: Review of tests and reports; Technology Consultation (approx. 2 hours); Written Report and Follow-up.

Payment Type

 Check or Money Order: For the amount indicated above; made payable to: AMAC.

By signing and dating below you acknowledge that you understand and agree to the AMAC Payment terms and conditions listed above. And you acknowledge that scheduling will only take place after payment is received.

_____	_____	_____
Signature	Date	Print Name
(Client or if under 18 years of age; Legal Guardian)		

AMAC Cancellation and No-Show Policy

Failed and late-cancellation of appointments are detrimental to the operations of AMAC Assessment Services. Timely notice of the need to reschedule an appointment is necessary to ensure that we are able to provide efficient and effective services for students seeking AMAC Assessment Services.

Refund Processing Fee:

- There is a \$15.00 processing fee for every refund request.

Cancellation & Refund Requests:

- A full refund (minus the \$15.00 processing fee) will be issued if a written cancellation /refund request is made prior to three working days before the appointment date.
- A 50% refund (a minus the \$15.00 processing fee) will be issued if cancellation/refund request is made within three working days of the appointment date.

Cancellation & Rescheduling Request:

- The \$50.00 cancellation and rescheduling fee may be charged to any client who requests a cancellation and rescheduling within three working days of the appointment.

No-show Refund Request

- No refunds are issued for clients who request a refund after failing to show for their appointment without giving notice.

No-show rescheduling request

- A \$75.00 No-show rescheduling the may be charged to any client fails to show for their appointment, it wants to reschedule. The \$75.00 fee is to be paid prior to rescheduling.

Exceptions to the above refund policy may be granted under exceptional circumstances and with approval from the director of AMAC.

By signing and dating below you acknowledge that you understand and agree to the AMAC No-Show and Cancellation Policy.

Signature

(Client or if under 18 years of age; Legal Guardian)

Date

Print Name



Permission to Receive Confidential Information Form

In compliance with the **Family Education Rights and Privacy Act of 1974 (FERPA)**, AMAC is without consent prohibited from receiving certain information from a third party's records. This restriction applies, but is not limited to; your parents, your spouse, school, evaluation agency/individual.

You may, at your discretion, grant a third party permission to release information about you by submitting a completed this Permission to Release Confidential Information Form.

You must complete this form for each third party to whom you wish to grant permission to release information about you and that are a part of their records that concern you. The specified information will be made available AMAC only if authorized by the student or legal guardian.

INSTRUCTIONS AND INFORMATION: In order to facilitate the authorization to release reports/records to AMAC for the purpose of providing Assistive Technology Assessment Services, please complete this form and submit it as part of your AMAC Assessment Packet to AMAC.

SECTION A: Student Information

Student Name (Last, First, Middle Initial) _____

SECTION B: Information, Items to Release

I. List the following information you give this third party to release:

___ List all information requested by AMAC.

___ Release only the following items / information I list here:

II. Purpose of Release:

SECTION C: Third Party Designee: Who will provide information?

Name (Last, First, Middle Initial or Agency/Organization Name) _____

Contact Number _____ Relation to Student _____

Current Mailing Address (Street or PO Box #, Apartment #, City, State, and Zip Code) _____

SECTION D: Student Certification

I, (print please) _____ the Student or Legal Guardian, understand that by signing this form, that I grant the Third Party Designee above to discuss and/or release information indicated above to the AMAC. I further understand that this form will be kept on permanent file and that I may revoke it at any time by submitting a written request. This authorization does not permit the listed Third Party to make any changes to records or reports.

Student Name (Print)

Student' or Legal Guardian's (Signature)

Date



Authorization to Release Confidential Information

In compliance with the **Family Education Rights and Privacy Act of 1974 (FERPA)**, AMAC is prohibited from providing certain information from your Assistive Technology Assessment Report to a third party. This restriction applies, but is not limited to; your parents, your spouse, school, evaluation agency/individual.

You may, at your discretion, grant AMAC permission to release information about your Assistive Technology Assessment to a third party by submitting a completed Authorization to Release Confidential Information form.

You must complete a separate form for each third party to whom you wish to grant access to information in your Assistive Technology Assessment. The specified information will be made available only if requested by the student or authorized third party. As a matter of policy, AMAC reserves the right not to release certain aspects of Assistive Technology Assessment (e.g., over the telephone or via electronic mail.)

INSTRUCTIONS AND INFORMATION: In order to facilitate the authorization to release Assistive Technology Assessment reports/records to listed third parties, please complete this form and submit it as part of your AMAC Assessment Packet to AMAC.

The authorized party must identify himself or herself to the office at each contact and inform us that the authoring paperwork is on file.

SECTION A: Student Information

Student Name (Last, First, Middle Initial)

SECTION B: Release

I. Please check one or more of the blanks below to grant authorization to different areas/types of student record information:

- Assistive Technology Report & Resource List
- Assistive Technology Report without Resource List
- Resource List only

II. Purpose of Release:

SECTION C: Third Party Designee

Name (Last, First, Middle Initial or Agency/Organization Name)

Contact Number

Relation to Student

Current Mailing Address (Street or PO Box #, Apartment #, City, State, and Zip Code)

Designate a 4 digit pass-code (will be used to verify your identity)

SECTION D: Student Certification

I, _____ the Student or Legal Guardian understand that by signing this form, that I grant AMAC permission to discuss and/or release information in my Assistive Technology Assessment report to the person listed above. I further understand that this form will be kept on permanent file and that I may revoke it at any time by submitting a written request. This authorization does not permit the listed party to make any changes to my Assistive Technology Assessment report.

Student Name (Print)

Student' or Legal Guardian's (Signature)

Date