

SIGN UP FOR NATE!!!!

To register as a member in the NATE Network, please print out & complete the information below, and send it along with \$35** to:

NATE Network
P.O. Box 2302
Roseburg, OR 97470

*** Make check payable to: **NATE Network**

Please confirm for us the name, mailing address and email address to which all NATE Network materials should be sent:

Name: _____

Address: _____

Home Phone _____ Work phone: _____

Email: _____

*Please provide information about yourself and
Assistive Technology experience.*

Your role or discipline? _____

Number of years worked with AT: _____

Total number of schools in your district: _____

How you provide AT services:

- Member of centralize AT Team
- Member of school based (IEP) team
- Independent AT consultant
- Other: _____

What percentage of your time is spent providing the following:

- AT Assessment: _____
- Consulting with someone about AT: _____
- Training others about AT: _____
- Directly implementing AT with a student: _____
- Other services related to AT: _____

Please complete the following NATE Network Questions

1. What topics from the NATE Network would help you work together as a team to support AT use?
 - Team dynamics
 - Effective practices from disciplines other than your own
 - Effective practices from your own discipline
 - Laws related to AT services
 - Role of administrators in AT services

Other: _____

Other: _____

2. What do you have to share with others that might be useful and could be disseminated through the NATE Network

Training materials,

Forms,

PowerPoint presentations,

Tutorials,

Newsletter articles,

Monographs on a specific topic,

Self assessment tools for yourself or your team,

Information on evidence based interventions

Other: _____

3. If you subscribe to a journal that include articles on AT, would you be willing to report important studies related to AT? No Yes

If yes, name of journal or journals _____

(If more than one, please indicate your first choice.)

4. If you belong to a listserv that addresses AT, would you be willing to compile and share significant information from that listserv? No Yes

If yes, name of listserv: _____

(If more than one, please indicate your first choice.)

5. What are the biggest challenges related to AT use in your district:
