

## 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:

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