



Assistive Technology Educational Network

Local Assistive Technology Specialist Nomination Form

Name: _____
Work Location: _____
Work Address: _____
City/State/Zip: _____
Email: _____
Phone: _____
Fax: _____
Position: _____
County/Region: _____

Describe why you are nominating this person as a LATS:

How does your district plan to use the skills of a local consultant in the area of assistive technology?

ESE Director: _____

District: _____

Date: _____

Please return to your
Regional Lab Manager