

# School Concurrence

As representatives of \_\_\_\_\_ (school system) we agree with the \_\_\_\_\_ (augmentative speech device) recommended for \_\_\_\_\_ by the ID team. The ID team will not be held financially responsible.

The following school representatives agree with the chosen device and have developed a treatment plan.

Name:	Name:
Signature:	Signature:
Position:	Position:
Name:	Name:
Signature:	Signature:
Position:	Position:

Date: \_\_\_\_\_

School System: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

\* Only one school representative is required.