

iPad App Request

Requested by:

Faculty/Staff Student

Email:

Date:

Instructions: Please fill out the information requested below and turn it in to MB1099 for approvals.

Name of App	Description of app (as used in therapy/research, including the primary target population)	Do you have a client in mind? Y/N	I have checked the app inventory and there is no other similar app	Cost
Ex. <i>iCommunicate</i>	<i>Primarily pediatric use for autistic clients in CSUEB speech clinic. In addition, to be used as part of a research study on effectiveness of electronic vs. non-electronic alternative communication methods.</i>	Yes	✓	\$34.99
1				
2				
3				
4				
5				

I approve of this app and request it for our clinic.

Supervisor Signature (if student request)

Date

AAC Advisor Signature

Date

Dept. Chair Signature

Date

Approved Needs follow-up _____
 Downloaded Synced Inventory Notified

AAC Lab Assistant ONLY