

Eisenhower Cooperative
ASSISTIVE TECHNOLOGY
Responding With Dignity To Diversity
5318 West 135th Street
Crestwood, IL 60445
708-389-7580 Fax 708-389-7584



EXECUTIVE DIRECTOR
Angela Zajac

EISENHOWER COOPERATIVE TECHNOLOGY AWARD PARENT PERMISSION

October 2018

Dear Parents,

School District _____ is a member of the Eisenhower Cooperative that provides special education services to many of our students.

This year we are participating in their Assistive Technology Achievement Awards Ceremony and Breakfast. These awards will recognize and honor students who have demonstrated outstanding achievement using technology. The winners and their family will be recognized on **Thursday, April 25, 2019**, at the **DoubleTree Hotel** in Alsip, IL. I would like to nominate your son/daughter, for consideration of this honor.

(Name)

With your permission, I plan to submit your child's name, address, phone, digital photo(s), possibly a short digital video, and school information to the Cooperative for consideration for this award.

If you will grant permission for the above submission, please sign and return the bottom of this letter to me by _____.

Sincerely,

(Signature)

Name _____ School _____

Phone _____ E-Mail _____



I give my permission to nominate my child, _____, for the Eisenhower Cooperative Outstanding Student Assistive Technology Achievement Award. I understand that my child's name, address, phone, photo(s), and school information will be shared with the Eisenhower Cooperative selection committee only.

Parent or Guardian Signature: _____ Date: _____