

Assistive Tech Referral (3 pgs)
CURRENT SERVICES AND STUDENT INFORMATION

Student: _____	Gr./Program: _____	Bldg: _____
D.O.B. _____	SE Teacher: _____	RegEd Tchr: _____
Referred by: _____		
Relationship: __Parent __Teacher __SLP __OT __PT __Other: _____		
Date: _____	Date A.T. Team received: _____	

Indicate Primary Disability (1) and if Secondary (2)

<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Behavior Disorder	<input type="checkbox"/> Autism Spectrum Disorder
<input type="checkbox"/> Emotional Disorder	<input type="checkbox"/> Other Health Impairment
<input type="checkbox"/> Cognitive/mental impairment	<input type="checkbox"/> Speech/Language Only
<input type="checkbox"/> Vision Impairment	<input type="checkbox"/> Orthopedic Impairment
<input type="checkbox"/> Hearing Impairment	Type: _____
<input type="checkbox"/> Developmental Delay	

Related Services

<input type="checkbox"/> Speech/Language
<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Social Work
<input type="checkbox"/> Individual Assistant
<input type="checkbox"/> Transportation
<input type="checkbox"/> Other: _____

Inclusive Settings

<input type="checkbox"/> None
<input type="checkbox"/> 1 or 2 classes
List: _____
<input type="checkbox"/> 3 - 4 classes
List: _____
<input type="checkbox"/> All inclusive classes

Signatures

Referred by: _____ Date: _____
SE Administrator: _____ Date: _____

Student Needs and Environment

1. What IEP goal areas are not being mastered and you think might be mastered if student had A.T.?

2. Describe tasks that are most difficult and you think might require A.T. to complete:

PCCSD 202 ASSISTIVE TECHNOLOGY

3. Describe what is happening during these difficult tasks--what makes the task(s) difficult:

Tools

1. Student prefers to learn--check preferred learning style(s):
___with visuals ___with audio ___with visual and audio ___hands-on
___other: _____
2. How does this student feel about using equipment that others in his/her class are NOT using?
3. List the student's limitations that may affect learning:
4. Complete "Documentation of Tools Tried" (on next page)

Misc.

1. Are there any behaviors (both positive and negative) that significantly impact the student's performance?

2. Check all medical considerations that apply:

<input type="checkbox"/>	History of seizures	<input type="checkbox"/>	Frequent pains
<input type="checkbox"/>	Degenerative or progressive medical condition	<input type="checkbox"/>	Frequent upper respiratory infections or asthma
<input type="checkbox"/>	Frequent ear infections	<input type="checkbox"/>	Digestive problems
<input type="checkbox"/>	Frequently absent due to various illnesses:	<input type="checkbox"/>	Currently on medication for:
<input type="checkbox"/>	Fatigues easily (describe situations or condition of occurrence):	<input type="checkbox"/>	Other:

3. Please include a copy of the student's current **IEP goals and highlight the goals** for which you feel A.T. devices and/or services may be needed in order for them to be met.
4. Please include the **Parent Permission** for A.T. Assessment.
5. You will be contacted to set up the assessment and meeting dates.
6. Your name & e-mail: _____
7. Your phone: _____ ext. _____

***Return completed forms to: MaryLou Hatley, A.T. Specialist, District Office Student Services**

PCCSD 202 ASSISTIVE TECHNOLOGY

Documentation of Low and Mid-Tech Tools Tried

Student:

Your Name:

Building:

Date:

Please supply the indicated information and attach any other documentation form that support these findings:

1. Tell why the tools/interventions have been tried:
2. What are the tools typically used for? (subject, circumstances, environment, etc)
3. List the tool(s) that have been tried, reason for failure or success of each, how often it was used,

TOOL	REASON for failure or success	How often used	Begin and End dates
1.			
2.			
3.			
4.			
5.			
6.			

4. How does the user feel about using the tool right now and on long term use?
5. Gather information from these key persons and write their response to the question: **When comparing before and after implementation of this tool, what is the difference?**

Special Ed Teacher:

Regular Ed Teacher/teacher assistant:

Student (if able):

6. Send samples or data showing before and after implementation of tool(s).