

ASSISTIVE TECHNOLOGY CONSULTATION REFERRAL

CONSULTATION: The intent of this referral is for consultative purposes. The ATC will provide support to consider appropriate assistive technology for the classroom. This may include a review of software, hardware, and/or communication device usage. No Assessment Plan is necessary.

Special Education Principal or District Director Name: _____

 Signature Date signed Phone Number

Date:			
Teacher:		School:	
Room Number:	Age/Grades of Students:	Classroom Setting:	Program: (circle one) District or SCOE

 Name of contact/referring person Phone number Email/alternate phone number

Participants	Name	Email	Phone
Teacher			
Admin., Counselor			
Speech/Language			
OT/PT			
Vision Specialist			
Hearing Specialist			
Other			

REFERRAL QUESTIONS

1. What tasks do the students need to do that are currently difficult, and for which assistive technology may be an option?

2. What outcomes do you want from this referral?

3. What specific equipment/software do you want to consider?

4. List prior attempted or implemented classroom interventions and results of implementation.