



**REFERRAL QUESTIONS**

- 1. What task(s) does the student need to do that is 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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disability (Check all that apply)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Speech/Language           | <input type="checkbox"/> Significant Developmental Delay | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Cognitive Disability      | <input type="checkbox"/> Other Health Impairment         | <input type="checkbox"/> Hearing Impairment           |
| <input type="checkbox"/> Traumatic Brain Injury    | <input type="checkbox"/> Autism                          | <input type="checkbox"/> Vision Impairment            |
| <input type="checkbox"/> Emotional/Behavioral Dis. | <input type="checkbox"/> Orthopedic Impairment           |   |

**Based on the referral question, check all areas that apply:**

- |   |   |
|---|---|
| <input type="checkbox"/> Motor Aspects of Writing   | <input type="checkbox"/> Fine Motor – Computer/Device |
| <input type="checkbox"/> Composing Written Material | <input type="checkbox"/> Communication                |
| <input type="checkbox"/> Reading                    | <input type="checkbox"/> Learning/Studying            |
| <input type="checkbox"/> Math                       | <input type="checkbox"/> Vision                       |

**Describe how these areas affect the student's learning and school performance:**

**Diagnosis:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Vision:**

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**Hearing:**

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**Fine Motor:**

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**Cognitive Skills:**

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**Academic Skills:**

o Reading Abilities: 

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Challenges: 

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o Writing Abilities: 

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Challenges: 

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o Spelling Abilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Challenges: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

o Math Abilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Challenges: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Computer/Technology Skills and Equipment:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Communication Skills**

Expressive \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Receptive \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Social/Behavioral Skills: positive and negative** \_\_\_\_\_  
\_\_\_\_\_

**Student's strengths, learning style, coping strategies, or interests:** \_\_\_\_\_

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**Other Issues, Comments, Information that the team should consider:** \_\_\_\_\_

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**Does student fatigue easily, or experience a change in performance at different times of the day?** \_\_\_\_\_

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**Thank You!**

**Follow-Up Action:**

**Consultation Referrals FOR LI STUDENTS:**

- o Phone Call to referring party Date: \_\_\_\_\_
- o Review of IEP Date: \_\_\_\_\_
- o Observation of mainstream setting and classroom  
Date(s): \_\_\_\_\_

**RECOMMENDATIONS:**

Based upon information received and further exploration, including steps outlined below, the referred student's strengths appear to be:

- 1.
- 2.
- 3.

Areas of need include:

- 1.
- 2.
- 3.

Suggested interventions include:

- 1.
- 2.
- 3.

**REFERRALS WITH SIGNED ASSESSMENT PLANS FOR STUDENTS WITH A LOW INCIDENCE**

**DISABILITY:**

- o Observation of referred student: Date(s): \_\_\_\_\_
- o Meeting with referred student and/or teacher: Date: \_\_\_\_\_
- o Assessment Report will be submitted to the IEP team within 60 days of the signed Consent for Assessment Plan.
- o Consultation with equipment with student and/or classroom staff:  
Date: \_\_\_\_\_
- o Training period with LOANER equipment: \_\_\_\_\_

**For NON Low Incidence Eligible Students:**

If there is a signed assessment plan in place for a student with a NON LI DISABILITY, please contact Pia Banerjea, at (707) 524-2758 or [pbanerjea@sonomaselpa.org](mailto:pbanerjea@sonomaselpa.org) before submitting referral to ATC.

If there is **no** signed assessment plan in place, follow-up actions will include:

- o Phone call/consultation
- o Trainings for staff
- o Workshops. Please note, workshops will be scheduled per request from district administrators. Please see the SELPA website for a workshop menu.

Submitted by: \_\_\_\_\_ (Printed Name) Date of report: \_\_\_\_\_

Signature of AT Specialist: \_\_\_\_\_