Sonoma County SELPA
Adaptive Technology Center
7400 Rancho Los Guilicos Road, Santa Rosa, CA 95409
Phone: (707) 829-9526 Fax: (707) 537-9802

ASSISTIVE TECHNOLOGY REFERRAL

Purpose:

☐ Please check appropriate box:

CONSULTATION: The intent of this referral is for consultative purposes. The ATC will provide support to the IEP team to consider appropriate assistive technology to meet the student's educational goals and objectives. This may include a review of software, hardware and/or communication device usage. No Assessment Plan is necessary. **This would be an appropriate box to check for students who have non Low Incidence disabilities.**

☐ ASSESSMENT: The purpose of this assessment/evaluation is the development or revision of an IEP. The District assumes the responsibility for obtaining parent consent for this assessment (IEP Form 22A) and scheduling an IEP meeting. **All signed Aps must be received by ATC in a timely manner and notice of IEP meeting must include ATC staff.**

Special Education Principal or District Director: _____

(Signature required) **Date** **Phone**

Date:

Student:		Age/Grade:
District of Residence:	School:	Primary Placement: - Circle one: Reg. Ed. RSP SDC _____
DOB:		Program: - Circle one District SCOE
If Low Incidence Eligible - Circle one: VI		DHH Severe OI
List prior attempted or implemented interventions and results of implementation. 1. 2. 3.		

Service & Assessment Team:

TEAM COORDINATOR: _____ _____ _____

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

Participants	**Name**	**EMail**	**Phone**
Parent			
Parent			
Teacher			
Admin., Counselor			
Sp/Lang			
OT/PT			
Vision Spec.			
Hearing Spec.			
Regional Center			
Other			

For ATC Use:
Date Request Rec'd:

Reviewed by:
Appointment: