

### ASSISTIVE TECHNOLOGY ASSESSMENT REFERRAL

**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 assessment plans must be received by ATC in a timely manner and notice of IEP meeting must include ATC staff.**

- Attached Assessment Plan
- Attached Release of Information

Special Education Principal or District Director Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date signed \_\_\_\_\_ Phone Number \_\_\_\_\_

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

**Service & Assessment Team:**

TEAM

COORDINATOR: \_\_\_\_\_

Name of Contact/Referring Person                      Phone Number                      Email/Alt. Phone

**Who can be referred for an AT assessment:**

Students who have either a primary or secondary Low Incidence eligibility criteria on their IEPs: Visually Impaired; Blind; Deaf; Hard of Hearing; Deaf/Blind; Orthopedically Impaired (Severe) or students who have severe communication needs: Nonverbal and/or Unintelligible Speech.



**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:**

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**Diagnosis:**

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**Vision:**

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**Hearing:**

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**Fine Motor:**

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**Cognitive Skills:**

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**Academic Skills:**

Reading Abilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Writing Abilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

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

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**Communication Skills**

Expressive \_\_\_\_\_

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Receptive \_\_\_\_\_

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

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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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