

CLIU 21

Assistive Technology Services Initial Request for Support *(if the student has previously been supported by the CLIU AT Consultants, you do not need to fill out this form!)*

Student's name:	DOB:	Date:
School District:	School:	Grade:
Teacher:	Phone:	Email:
Parent Name:	Parent Address:	Parent Phone:
Parent Email:	Other contact info:	

Person(s) completing this referral form:			
Designated contact person:	Title:	Phone:	Email/Fax:

Assistive Technology is the provision of service, training, and/or assistive device utilized as a method to meet the specific objectives within the student's Individual Education Plan (IEP) and/or 504 plan. A collaborative team process is suggested in compiling this referral information pertinent to the assistive technology assessment.

AT Services requested:

Team Assessment (SETT) Training Consultation

Disability: [check all that apply]

Neurological Impairment Cognitive Impairment Learning Disability Speech/Language Impairment Hearing Impairment
 Vision Impairment Traumatic Brain Injury Emotional Disturbance Autism Respiratory Compromise
 Seizures Orthopedic Condition Degenerative Medical Condition Other: _____

Precautions (e.g., Seizure Protocol, Behavioral Protocol): _____

Related Services Received	Provider	Contact Info (phone, email)
Occupational Therapy		
Physical Therapy		
Resource Teacher		
Speech/Language Pathologist		
Social Work		
Psychology		
Nursing		
Other		

FILL OUT ONLY SECTIONS APPROPRIATE TO THE INDIVIDUAL STUDENT!

Current Assistive Technology Used [complete all applicable sections]

Assistive Technology Device	Type and/or Manufacturer/Model and/or Platform/Operating System (if known)	Features (e.g., screen enlargement, voice output, special switches, word prediction)
Computer		
Manual Communication Boards/Books		
Vocal Output Communication Device		
Vision Aids		
Amplification System		
Manual Wheelchair		
Power Wheelchair		
Adapted Classroom Chair		
Ambulation Aids		
Alternative Positioning Equipment		
Writing Aids		
Environmental Control/Adapted Toys		
Educational Software		
Other		

Check educational strategies, modifications, and/or "low" technology implemented:

<input type="checkbox"/> Directions modified or simplified	<input type="checkbox"/> Enlarged or bold print	<input type="checkbox"/> Heavy or raised line paper
<input type="checkbox"/> Assignments shortened	<input type="checkbox"/> High contrast	<input type="checkbox"/> Scanning of text
<input type="checkbox"/> Highlighter <i>or</i> marker <i>or</i> template [circle]	<input type="checkbox"/> Manipulatives	<input type="checkbox"/> Adapted desk <i>or</i> tray <i>or</i> table [circle]
<input type="checkbox"/> Tape recorder <i>or</i> taped text [circle]	<input type="checkbox"/> Transcription by others	<input type="checkbox"/> Preferential seating
<input type="checkbox"/> Verbal response instead of written response	<input type="checkbox"/> Slant board or easel	<input type="checkbox"/> Adapted writing implements [type] _____
<input type="checkbox"/> Pointing/gestures instead of written response	<input type="checkbox"/> Talking calculator	<input type="checkbox"/> Spoken text to accompany print
<input type="checkbox"/> Graphics to communicate ideas	<input type="checkbox"/> Talking dictionary/spell check	<input type="checkbox"/> Other(s)

The student can: [Check all that describe the student's abilities]

<input type="checkbox"/> Concentrate on task consistent with age	<input type="checkbox"/> Interact appropriately w/peers	<input type="checkbox"/> Request communication clarification
<input type="checkbox"/> Concentrate within a distracting environ.	<input type="checkbox"/> Initiate social interaction	<input type="checkbox"/> Perform without verbal prompting
<input type="checkbox"/> Make appropriate eye contact with speaker	<input type="checkbox"/> Ask questions	<input type="checkbox"/> Perform without physical prompting
<input type="checkbox"/> Display age-appropriate listening skills	<input type="checkbox"/> Follow modeled directions	<input type="checkbox"/> Make choices when objects/activ. presented
<input type="checkbox"/> Make appropriate eye contact with task(s)	<input type="checkbox"/> Follow simple auditory direc.	<input type="checkbox"/> Understand the consequences of own actions
<input type="checkbox"/> Respond to communication	<input type="checkbox"/> Follow multiple step direc.	<input type="checkbox"/> Complete a task independently

interaction(s)		
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Communication [Check all that describe the student's present methods of communication.]

__ Speech __ Intelligible __ Age appropriate __ Single words __ Phrases __ Sentences __ Partially intellig. __ Word approx.	__ Commun. board or notebook using: __ Objects __ Pictures __ Words __ Symbols # used: _____ size: _____	__ comm.. device using: __ Objects __ Pictures __ Words __ Symbols __ Voice output # used: _____ size: _____	__ Computer software using: __ Objects __ Pictures __ Words __ Symbols __ Voice output __ Typing __ Other _____	__ Sign __ ASL __ SEE __ Sign approx. __ Symbols __ Voice output Approx # used: _____
__ Eye gaze/movements __ Objects __ Pictures __ Words __ Symbols # used: _____ size: _____	__ Facial expressions	__ Gestures	__ Pointing __ Isolated Finger __ Multiple Fingers __ Fist __ Other	__ Handwriting
__ Indicates "yes" __ Consistent __ Unable __ Not reliable __ Inconsistent __ Method _____	__ Indicates "No" __ Consistent __ Unable __ Not reliable __ Inconsistent __ Method _____	__ Reliable ability to communicate basic needs to: __ all __ family/caregiver __ peers __ no one	__ Typing	__ Other _____

Age Approximation Indicate name of formal test(s) or method of informal testing

RECEPTIVE LANGUAGE(Test, date, results)	Other:
EXPRESSIVE LANGUAGE(Test, date, results)	

Visual Skills Related to Communication and Academics [Check all that describes the student's abilities]

__ Can maintain fixation of stationary object/picture	__ Recognizes common object(s)	__ Has visual-perceptual deficits
__ Can look to right/left without moving head	__ Recognizes symbols or pictures	__ Can read if text enlarged to: _____
__ Can visually shift horizontally and/or vertically	__ Recognizes familiar people	__ Unable to read text
__ Can scan symbols left to right	__ Recognizes photographs	__ Requires high contrast
__ Can scan a matrix of symbols in a grid	__ Lighting impedes vision	__ Uses screen enlargement device
__ Preferred object placement: _____	__ Wears corrective lens	__ Uses screen enlargement software

<input type="checkbox"/> Benefits from special lighting:_____	<input type="checkbox"/> Uses only one eye: <input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> Uses taped or talking materials
<input type="checkbox"/> Tilts head when reading or scanning	<input type="checkbox"/> Requires materials tilted	<input type="checkbox"/> Can read standard textbook print

Grade Level or Age Approximation :Indicate name of formal test(s) or method of informal testing and date.

Reading		
Math		
Spelling		
Cognitive (Verbal)		
Cognitive (Performance)		

P re-reading and Reading Skills

[Check all that describes the student's abilities]

<input type="checkbox"/> Displays object/picture recognition	<input type="checkbox"/> Displays sight word recognition
<input type="checkbox"/> Displays symbol recognition (e.g., Mayer-Johnson, Rebus)	<input type="checkbox"/> Requires graphics <i>and/or</i> symbols [circle]
<input type="checkbox"/> Follows modeled directions	<input type="checkbox"/> Requires spoken text to accompany print
<input type="checkbox"/> Follows simple written directions	<input type="checkbox"/> Requires bold type or highlighting for main ideas
<input type="checkbox"/> Follows multiple step directions	<input type="checkbox"/> Requires enlarged print
<input type="checkbox"/> Displays auditory discrimination of sounds	<input type="checkbox"/> Requires reduced text on page
<input type="checkbox"/> Displays auditory discrimination. of words <i>and/or</i> phrases [circle]	<input type="checkbox"/> Can decode words <i>and/or</i> sentences [circle]
<input type="checkbox"/> Recognizes shapes, colors, numbers, <i>and/or</i> letters [circle]	<input type="checkbox"/> Can decode worksheets, books, &/or text on monitor [circle]
<input type="checkbox"/> Selects initial letter/sound of word	<input type="checkbox"/> Can comprehend meanings of written text

Writing

Current Writing Abilities [Check all that describes the student's abilities]

<input type="checkbox"/> Can hold regular pencil	<input type="checkbox"/> Can print name	<input type="checkbox"/> Requires soft lead pencil
<input type="checkbox"/> Can hold pencil adapted with:_____	<input type="checkbox"/> Can write in cursive	<input type="checkbox"/> Requires felt tip pen <i>or</i> marker [circle]
<input type="checkbox"/> Can hold a pencil but unable to write	<input type="checkbox"/> Can write on narrow lines	<input type="checkbox"/> Writing is slow and tedious
<input type="checkbox"/> Can print a few letters <i>and/or</i> words [circle]	<input type="checkbox"/> Can write on 1" lines	<input type="checkbox"/> Writing is limited due to fatigue or endurance
<input type="checkbox"/> Can copy simple shapes	<input type="checkbox"/> Can use spacing correctly	<input type="checkbox"/> Can write independently and legibly
<input type="checkbox"/> Can copy words from worksheet/book	<input type="checkbox"/> Can write approp. size	<input type="checkbox"/> Generates ideas using symbols <i>or</i> objects [circle]
<input type="checkbox"/> Can copy words/sentences from board	<input type="checkbox"/> Requires raised line paper	<input type="checkbox"/> Can generate sentences
<input type="checkbox"/> Tends to skip letters when copying	<input type="checkbox"/> Requires bold line paper	<input type="checkbox"/> Can generate paragraphs

Current Keyboarding Abilities [Check all that describes the student's abilities]

<input type="checkbox"/> Does not currently type	<input type="checkbox"/> Can activate desired key	<input type="checkbox"/> Uses switch to access computer:_____
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<input type="checkbox"/> Types slowly with one finger <input type="checkbox"/> Accidentally hits unwanted keys	<input type="checkbox"/> Types slowly using more than one finger <input type="checkbox"/> Types with ten fingers	<input type="checkbox"/> Uses alternative keyboard: _____ <input type="checkbox"/> Uses software to access computer: _____
<input type="checkbox"/> Needs arm or wrist support	<input type="checkbox"/> Uses Touch Window /touch monitor	<input type="checkbox"/> Other computer access method: _____

Current Computer Use [Check all that apply]

The student uses a computer:	<input type="checkbox"/> never	<input type="checkbox"/> at school	<input type="checkbox"/> at home	<input type="checkbox"/> word processing	<input type="checkbox"/> games	<input type="checkbox"/> other
The student received computer training:	<input type="checkbox"/> never	<input type="checkbox"/> keyboarding	<input type="checkbox"/> word processing	<input type="checkbox"/> operating system	<input type="checkbox"/> computer access	<input type="checkbox"/> educ. software
		<input type="checkbox"/> internet		<input type="checkbox"/> file mgmt.		
The student is able to use the mouse	<input type="checkbox"/> independently	<input type="checkbox"/> with modifications	List modifications:			

The student has access to a computer at school with the following: : [Describe: Windows/Macintosh platform; operating system, special components and software]_____

The student has access to a computer at home with the following: [Describe: Windows/Macintosh platform; operating system,; special components; software]_____

Team's intended focus of assistive technology service:

- Communication Computer access Software selection
- Vocational Environmental Control Writing Study Skills
- Math Reading

List the questions you want addressed by an assistive technology assessment/request.

- 1) _____
- 2) _____
- 3) _____
- 4) _____

List the IEP objectives that assistive technology would address.

- 1) _____
- 2) _____
- 3) _____
- 4) _____

What is the team's anticipated educational outcome of using AT in relation to the IEP objectives?

- 1) _____
- 2) _____
- 3) _____
- 4) _____

What is the student's anticipated educational outcome of using assistive technology?

What are the environments and educational routines that are difficult for the student?

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Is the student expected to transition to a new environment? When? What demands will this pose?

Use the attached form to obtain the family's input regarding this assessment or consultation. Please send or fax the Parent Information along with the Referral Form.

LEA Signature _____ **Date:** _____

Please return this form in it's entirety to:
Wendy Homlish/Bonnie Young
CLIU 21
4210 Independence Dr.
Schnecksville, PA 18078
FAX: 610-769-1098

CLIU Assistive Technology Services

Parental Input and Information Form

Your child has been referred by the educational team to the CLIU Assistive Technology Consultant. This information will help the consultant provide appropriate assistive technology suggestions to the team. Please complete this form and return it to the designated team member: _____

Your input is appreciated in assisting the team to help your child.

Student's Name:	Date:
Name of Parent/guardian:	
What questions would you like the assistive technology assessment/consultation to address?	
What are the reasons for this assistive technology assessment?	
Relevant medical information:	
Relevant information about your child's behavior:	
Child's communication abilities:	
Child's functional (self-care), physical and positioning abilities:	
Parent's goals for child:	
Assistive Technology previously tried:	
Assistive Technology used at home (e.g., type of computer, equipment, adaptations)	
Other information you would like to share:	

Parent Signature: _____ **Date:** _____