



Assistive Technology Team

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Assistive Technology Referral Request Form

Procedure: Educational team complete and forward form to SPED administrator for approval. Obtain parental consent to evaluate. Attach most recent evaluations and IEP reports. Forward to READS at the address above.

Approved by: _____ Date: _____
SPED Administrator Delegate (Print & Sign)

Referred by: _____ Date of Referral: _____
Telephone: _____ CET Date: _____

Student Information:

Name: _____ Date of Birth: _____ Age: _____
Gender: _____ Grade/Class: _____
School: _____ District: _____
Address: _____
Contact Person: _____ Role: _____
Phone: _____ Fax: _____ Email: _____
Parents/Guardians: _____ Phone: _____
Address: _____

Disability area(s), if known, or area of concern: (check all that apply, and elaborate as needed)

- Learning
- Orthopedic
- Emotional/Behavior
- Speech/Language
- Other Medical
- Other: _____
- Attention Deficit
- Mild Cognitive
- Intensive Cognitive
- Traumatic Brain Injury
- Developmentally Delayed
- Hyperactivity
- Hearing
- Vision
- Autism

Reason for Referral:

Medical Diagnosis (Describe any changes in medical status or new positioning equipment)

At this time why are you seeking an AT evaluation? (Include issues you want to see addressed in this evaluation, and what you hope the individual can do more effectively.)

2. Assistive Technology Used: (Check all that apply)

- Paper with heavier lines Splint or pencil holder Paper with raised lines Pencil grip
- Computer Special pencil or marker Portable work processor (i.e. Alphasmart)
- Other: _____

3. Current keyboarding ability: (Check all that apply)

- Does not currently type Can perform 10 finger typing
- Can type slowly, with one finger Accidentally hits unwanted keys
- Can type slowly with more than one finger Requires arm or wrist support to type
- Can activate desired key on command Uses touch window
- Has been exposed to "touch type" keyboarding Uses switch to access computer
- Accesses keyboard with head or mouth stick
- Uses adapted or alternate keyboard such as: _____

4. Computer use: (Check all that apply)

- Has never used a computer Uses a computer at home Uses a computer at school
- Uses computer's spell checker Uses computer for games
- Uses a computer for a variety of purposes such as: _____
- Student has potential to use computer but has not used a computer because: _____

5. Computer/iPad/iPod availability: The student has access to the following computers/iPad/iPod:

- Windows (circle type): Windows 98 Windows 2000 Windows XP Windows Vista Windows 7
 Location: Classroom: _____ Computer Lab: _____ Other: _____
 Access to Printer: Yes ___ No ___ Does teacher have access to a scanner? Yes ___ No ___
 Access to internet: Yes ___ No ___
 - Mac (circle type): O.S.9 or Lower O.S. X
 Location: Classroom: _____ Computer Lab: _____ Other: _____
 Access to Printer: Yes ___ No ___ Does teacher have access to a scanner? Yes ___ No ___
 Access to internet: Yes ___ No ___
- The student uses a computer: Rarely Frequently Daily for one or more subject periods Everyday, all day
- iPad/iPod available? ___ iPad ___ iPod Please list apps/programs currently using: _____

Summary of student's abilities and concerns related to writing: -

Motor Skills Related to Computer or Device Access

1. Current motor abilities:

Observe the student using paper and pencil, word processor or computer, switch etc. Does the student have voluntary, isolated and controlled movements using: (Check all that apply)

- Left hand Right hand Eye Left Arm Right arm Head
- Left leg Right leg Left foot Right foot Tongue Mouth
- Finger(s) Eyebrows Other: _____

Briefly describe the activities observed: _____

Range of motion:

Does the student have specific limitations of range of motion?: Yes No

If yes, please describe: _____

Abnormal reflexes and muscle tone:

Does the student have abnormal reflexes or abnormal muscle tone?: Yes No

If yes, please describe briefly any abnormal reflex patterns or patterns of low or high muscle tone which may interfere with voluntary motor control: _____

Motor Accuracy and coordination:

Does the student have difficulties with accuracy or coordination?: Yes No

Describe how accurate, reliable and consistent the student is in performing a particular fine motor task:

Fatigue:

Does the student fatigue easily?: Yes No

If yes, please describe: _____

Reading

1. Student is placed in grade: _____. Student reads at _____ grade level.

If formal test used name and scores:

If formal tests not used, please given an approximate estimate of functioning and explain:

Cognitive ability in general:

Significantly below average Below average Average Above average

2. Difficulty: Student has difficulty decoding the following: (Check all that apply)

Worksheets Reading textbook Subject area textbooks Tests

3. Student's performance is improved by: (Check all that apply)

Smaller amount of text on page Enlarged Print Lowered reading level Graphics to communicate ideas
 Bold type for main ideas Reduced length of assignment Spoken Text to accompany text

Other: _____

4. Please describe the non-technology based strategies and accommodations that have been used with this student: _____

5. Assistive Technology used or tried (check all that apply):

- Highlighter, marker, template, or other self – help aids
- Talking Dictionary to pronounce single words
- Computer with talking word processing software to:
 - pronounce words
 - speak sentences
 - speak paragraphs
- Tape recorder, taped text or talking books, to “read along”
- Computer with word processor and spell checker

6. Summary of the student’s abilities and concerns related to reading:

Seating and Positioning

Seating (check all that apply):

- Sits in regular chair with feet on the floor
- Sits in adapted chair
- Sits in wheelchair all day
- Spends part of day out of chair due to prescribed positions
- Enjoys many positions throughout the day, based on activity
- There are questions and concerns about the student’s seating:
- Sits in regular chair with footrest
- Sits in wheelchair part of day
- Wheelchair needs to be adapted to fit
- Spends part of day out of chair due to discomfort
- Has few opportunities for other positions

Work Surface:

- Uses regular desk
- Uses adapted table/desk
- Student has difficulty using a regular table/desk
- Uses tray on wheelchair for desktop

Summary of Student’s ability and concerns related to seating and positioning: _____

Mobility (Check all that apply):

- Walks independently
- Needs extra time to reach destination
- Is pushed in manual wheelchair
- Learning to use power wheelchair
- Needs help to transfer in and out of wheelchair
- Has difficulty walking
- Walks with appliance (orthotics, walker)
- Uses manual wheelchair independently
- Transfers independently
- Walks with assistance
- Crawls, rolls or creeps independently
- Uses power wheelchair independently
- Has difficulty walking up/down stairs

Concerns about Mobility: (Check all that apply):

- Student has issues with fatigue after ambulating
- Student is having more difficulty than in the past
- Student complains about pain or discomfort during mobility
- Changes in schedule and/or location require more time for travel
- Transition to new school will require consideration of mobility needs
- Other: _____

Summary of Student’s abilities related to mobility: _____

Communication

1. Student's present means of communication: (Check all that are used then circle the primary method the student uses)

- | | | |
|--|---|--|
| <input type="checkbox"/> Changes in breathing patterns | <input type="checkbox"/> Body position changes | <input type="checkbox"/> Eye gaze/eye movement |
| <input type="checkbox"/> Facial expressions | <input type="checkbox"/> Gestures | <input type="checkbox"/> Pointing |
| <input type="checkbox"/> Sign language approximations | <input type="checkbox"/> Sign Language: # signs _____ | # combinations _____ |
| | # signs in combination _____ | |
- Vocalizations, list examples: _____
- Vowels, vowel combinations, list: _____
- Single words, list examples and approximate #: _____

- | | |
|--|--|
| <input type="checkbox"/> Reliable no | <input type="checkbox"/> Reliable yes |
| <input type="checkbox"/> 2 word utterances | <input type="checkbox"/> 3 word utterances |
- Semi-intelligible speech, estimate % intelligible: _____
- Communication board:
- | | | | |
|------------------------------------|-----------------------------------|---|--------------------------------|
| <input type="checkbox"/> tangibles | <input type="checkbox"/> pictures | <input type="checkbox"/> combination pictures/words | <input type="checkbox"/> words |
|------------------------------------|-----------------------------------|---|--------------------------------|
- Communication book
- Voice output AC device (name of device): _____
- Intelligible: Speech Writing
- Other: _____

2. Who understands students communication attempts: (check best descriptor)

| | Most of the time | Part of the time | Rarely | Not Applicable |
|-------------------------|------------------|------------------|--------|----------------|
| Strangers | | | | |
| Teachers/ Therapists | | | | |
| Peers | | | | |
| Siblings | | | | |
| Parent/ Guardian | | | | |

3. Current level of receptive language:

Age approximation: _____

If formal tests used, names and scores: _____

If formal testing not used, please give an approximate age or developmental level of functioning. Explain rationale for this estimate:

4. Current level of expressive language:

Age approximation: _____

If formal tests used, names and scores: _____

If formal testing not used, please give an approximate age or developmental level of functioning. Explain rationale for this estimate:

5. Communication interaction skills:

Desires to communicate: Yes No

To indicate "yes" and "no" the student:

Shakes head Signs Vocalizes Gestures Eye gazes Points to board

Uses word approximations Does not respond consistently

Can a person unfamiliar with the student understand the response? Yes No

| | Always | Frequently | Occasionally | Seldom | Never |
|---|--------|------------|--------------|--------|-------|
| Turns toward speaker | | | | | |
| Interacts with peers | | | | | |
| Aware of listener's attention | | | | | |
| Responds to communication interaction | | | | | |
| Requests clarification from communication partner | | | | | |
| Repairs communication breakdown | | | | | |
| Requires frequent verbal prompts | | | | | |

Describe technique student uses for repair (e.g. keeps trying, changes message, points to first letter, etc.):

6. Child's needs related to devices/systems: (Check all that apply)

- Child walks Child uses wheelchair
- Child can carry device less than 2 pounds Child drops or throws things frequently
- Child needs digitized (human) speech Child needs device with large number of words or phrases
- Other: _____

7. Pre-reading skills related to communication:

- Yes No Object/picture recognition
- Yes No Symbol recognition (tactile, Mayer-Johnson, etc.)
- Yes No Auditory discrimination of sounds
- Yes No Auditory discrimination of words, phrases
- Yes No Selects initial letter or word
- Yes No Follows simple directions
- Yes No Sight word recognition
- Yes No Can put two symbols or words together to express an idea

8. Visual abilities related to communication: (Check all that apply)

- Can maintain fixation on stationary object Can visually shift horizontally
- Can visually shift vertically Can look left to right without moving head
- Can scan line of symbols Visually recognizes people
- Visually recognizes objects Visually recognizes photographs
- Visually recognizes symbols or pictures Can recognize line drawings

Is a specific type of symbols or pictures (ie. Mayer Johnson or photos) preferred? _____

What size symbols or picture are preferred? _____

Does the student seem to do better with black and white, or white on black or a specific color combination for figure ground discrimination? _____

Explain anything else you think is significant about responses the student currently uses or his or her need for augmenting communication: _____

Summary of student's overall abilities and concerns related to communication: _____

General

1. Are there any behaviors (both positive and negative that significantly impact the student's performance?

2. Are there significant factors about the student's strengths, learning style, coping strategies, or interests that the team should consider?

3. Are there any other significant factors about the student the team should consider?

