ASSISTIVE TECHNOLOGY CONSULTATION

Identification

Student's Name: _____ Date of Referral: _____

Exceptionality: _____

DOB: _____ Age: _____

School: _____ Grade: _____

School Contact Person: _____ School Phone: _____

Person Making Referral: _____ Phone: _____

Parent's Name: _____ Phone: _____

Address: _____

Student's Primary Language: _____ Hearing Status: _____

Vision Status: _____

Reason for Referral _____

_____

_____

Current Placement

☐ Birth-3
☐ Early Childhood
☐ Elementary
☐ Middle School
☐ Secondary
☐ Transition to Post Secondary

Classroom Setting

☐ Regular
☐ Resource
☐ Separate
☐ Public Separate School
☐ Private Separate School
☐ Public Residential
☐ Private Residential
☐ Home/Hospital

Current Related Services Received

☐ Occupational Therapy
☐ Physical Therapy
☐ Speech/Language Therapy
☐ Special Transportation
☐ Adaptive P.E.
☐ Other:_____

Assistive Technology Currently Used (Check all that apply)

☐ Computer, platform:
☐ Windows
☐ Mac
☐ Computer with screen enlargement
☐ Writing aids
☐ Computer with Braille output
☐ Computer with voice output
☐ Low tech access devices (switches)
☐ Environmental control unit
☐ Low tech vision aids
☐ Amplification system/assistive listening device
☐ Low tech communication devices
☐ Augmentative communication device with voice output
☐ Manual communication board
☐ Power wheelchair
☐ Manual wheelchair
☐ Other_____

Additional Valuable Information

1. Describe the assistive technology or alternative & augmentative communication that has been previously tried, the length of time you tried each, and the outcome (how it did/did not work):

   Assistive Technology

   _____

   _____

   Length of Trial

   _____

   _____

   Outcome

   _____

   _____

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

   _____

   _____

   _____

3. Has the student had a previous AAC or AT assessment? If so, when?

   _____

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

   _____