



**Assistive Technology Consideration School Intake**

Include:	Payment contract <input type="checkbox"/>	Info exchange & Photo/video release <input type="checkbox"/>	Most recent IEP <input type="checkbox"/>	Recent assessment/progress reports <input type="checkbox"/>
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Date of Referral		Assistive Tech (AT) <input type="checkbox"/>	Aug Alt Communication (AAC) <input type="checkbox"/>	Combined AT&AAC <input type="checkbox"/>
Student Name		Birthdate		Age
Address				
Parent/Guardian Name				
Phone		Email		
School Name		District		Grade
District Contact Name & Title		Email/ phone		
Special Ed (Name & email)		General Ed (Name & email)		
O.T (Name & email)		P.T (Name & email)		
AT/AAC (Name & email)		Vision/DHH (Name & email)		
Speech (Name & email)		Other (Title) (Name & email)		

*Please answer the following with detailed and specific information, including relevant disabilities.*

What are this student's strengths and challenges at school?	
<i>Strengths</i>	<i>Challenges</i>

Areas of Concern/Reason for Referral - What tasks are difficult for this student to do?

What tools & strategies does this student currently use at school? What tools have been tried & rejected?



# Center for Accessible Technology

## Current Performance

*Reading:*

*Writing:*

*Organization:*

*Communication (include current modes of communication):*

*Recreation, Leisure, & Social Engagement:*

*Seating, Positioning, Mobility:*

*Vision & Hearing:*

Are there any other factors that should be considered? (e.g. behaviors, preferences, coping strategies, learning styles etc.)

Form completed by:

Completion date: