Sonoma County SELPA
Adaptive Technology Center
Phone: (707) 829-9526 Fax: (707) 537-9802

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

Date:

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		
List prior attempted or implemented interventions and results of implementation. 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.

Participants	Name	Email	Phone
Parent			
Parent			
Teacher			
Admin., Counselor			
Speech/Language			
OT/PT			
Vision Specialist			
Hearing Specialist			
Regional Center			
Other			

REFERRAL QUESTIONS

1. What task(s) does the student need to do that is currently difficult, and for which assistive technology may be an option?

2. What outcomes do you want from this referral?

3. What specific equipment/software do you want to consider?

Disability (Check all that apply)

- ❑ Deaf-Blindness
- ❑ Autism
- ❑ Emotional Disturbance
- ❑ Hearing Impairment
- ❑ Deafness
- ❑ Other Health Impairment
- ❑ Intellectual Disability
- ❑ Orthopedic Impairment
- ❑ Specific Learning Disability
- ❑ Traumatic Brain Injury
- ❑ Visual Impairment

Based on the referral question, check all areas that apply:

- ❑ Motor Aspects of Writing
- ❑ Composing Written Material
- ❑ Reading
- ❑ Math
- ❑ Fine Motor – Computer/Device
- ❑ Communication
- ❑ Learning/Studying
- ❑ Vision

Describe how these areas affect the student's learning and school performance:

Diagnosis: _____

_____

_____

_____

Vision: _____

_____

_____

Hearing: _____

_____

_____

Fine Motor: _____

_____

_____

Cognitive Skills: _____

_____

_____

Academic Skills:

❑ Reading Abilities: _____

_____

_____

Challenges: _____

_____

_____

❑ Writing Abilities: _____

_____

_____

Challenges: _____

_____

_____

❑ Spelling Abilities: _____

_____

_____

Challenges: _____

_____

_____

❑ Math Abilities: _____

_____

_____

Challenges: _____

_____

_____

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Current Computer/Technology Skills and Equipment: _____

Communication Skills

Expressive _____

Receptive _____

Social/Behavioral Skills: positive and negative: _____

Student's strengths, learning style, coping strategies, or interests: _____

Other Issues, Comments, Information that the team should consider: _____

Does student fatigue easily, or experience a change in performance at different times of the day? _____