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



# ASSISTIVE TECHNOLOGY CONSULTATION REFERRAL

**CONSULTATION:** The intent of this referral is for consultative purposes. The ATC will provide support to consider appropriate assistive technology for the classroom. This may include a review of software, hardware, and/or communication device usage. No Assessment Plan is necessary.

Special Education Principal or District Director Name: _____

_____
Signature Date signed Phone Number

**Date:**

| | | |
|---|---|---|
| Teacher: | | School: |
| Room Number: | Age/Grades of Students: | Classroom Setting: |
| District of Residence: | | Program: Circle one<br>District SCOE _____ |
| Low Incidence Eligibility: Circle one: VI DHH Severe OI | | |
| **List prior attempted or implemented classroom interventions and results of implementation.**<br>1.<br>2.<br>3. | | |

_____ _____ _____
Name of contact/referring person Phone number Email/alternate phone number

| **Participants** | **Name** | **Email** | **Phone** |
|---|---|---|---|
| Teacher | | | |
| Admin., Counselor | | | |
| Speech/Language | | | |
| OT/PT | | | |
| Vision Specialist | | | |
| Hearing Specialist | | | |
| Other | | | |

**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.

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**REFERRAL QUESTIONS**

1. What tasks do the students need to do that are 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?