

**Consultation needed?** Call 801-567-8650. Do **NOT** complete form.

**Evaluation needed?** Complete form.

## Jordan School District

### Assistive Technology Referral

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Track: \_\_\_\_\_

Referral Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Regular Education Teacher: \_\_\_\_\_ Special Education Teacher/504: \_\_\_\_\_

\*\*\*A copy of the student's **current IEP/504** must be included with this referral. **Assistive technology services are based on IEP/504 goals.** Your school's LEA must review and sign this referral before it is sent to the A.T. Team.

**Please complete the applicable areas for your student. All students need page one and the reason for referral completed, and at least one other section of the referral.** Equipment, software, apps, and services from the Assistive Technology Team are available for those students that have a documented impairment or disability that limits their access to the curriculum. Return completed form to UATT/ASB.

#### Special Education/504 Eligibility

Classification: \_\_\_\_\_ Medical Diagnosis: \_\_\_\_\_

#### Classroom Placement

Type of Classroom	Hours/Week	Type of Classroom	Hours/Week
Regular Education Class		Self-Contained Support Class	
Special Education Class		Provided with Paraprofessional Assistant	

#### Related Services

Type of Service	Hours/Week	Name of Provider

#### Vision & Hearing

Date of most recent vision screening: \_\_\_\_\_

Results: \_\_\_\_\_

Date of most recent hearing screening: \_\_\_\_\_

Results: \_\_\_\_\_

**Reason for Referral**

What are your main concerns we can address during the evaluation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has any type of assistive technology been used and/or recommended in the past?  Yes  No  
 If yes, what: \_\_\_\_\_

Is any type of assistive technology currently being used?  Yes  No  
 If yes, what is being used and is it being used successfully? \_\_\_\_\_

**Gross Motor and Fine Motor Development** **Not Applicable** \_\_\_\_\_

Does the student have problems with movement?  Yes  No If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

Skill	Independent	Requires Assistance	Unable
Holds Head Steady			
Sits			
Walks			
Feeds Self			
Isolates Finger and Points			

Handedness?  Right  Left Student can use:  Both Hands  One Hand ( R / L )  Neither Hand

List any special equipment the student uses (walker, stander, wheelchair, splints, etc.): \_\_\_\_\_  
 \_\_\_\_\_

Does the student use a joystick or a switch to control a computer or wheel chair??  Yes  No  
 If yes, describe: \_\_\_\_\_

**Handwriting, Functional Computer Use and Written Expression** **Not Applicable** \_\_\_\_\_

Area of concern	✓	Area of concern	✓
Illegible handwriting		Sentence structure	
Spelling		Vocabulary	
Grammar		Visual deficit	
Organization		Motor deficit	

Current writing ability	✓	Current writing ability	✓
Can hold regular pencil		Can copy simple shapes	
Can hold pencil when adapted with _____		Can copy simple words	
Holds pencil, but does not write		Can copy from board	
Can print a few words		Can write on 1" lines	
Can print name		Can write on narrow lines	
Writing is limited due to fatigue		Can use spacing correctly	
Writing is slow and arduous		Can size writing to fit spaces	

Additional comments: \_\_\_\_\_  
 \_\_\_\_\_

**Handwriting cont.**

<b>Current Keyboarding Ability</b>	<b>✓</b>	<b>Current Keyboarding Ability</b>	<b>✓</b>
Does not currently type		Can activate desired key on command	
Can type slowly, one finger		Can type slowly, with more than 1 finger	
Accidentally hits unwanted keys		Can perform 10 finger typing	
Requires arm or wrist support to type		Uses switch to access computer	
Uses mini keyboard to reduce fatigue		Uses Access Software	
Uses adapted or alternative keyboard:		Can access keyboard with head or mouth stick	
Uses Touch Window			

<b>Functional Computer Use</b>	<b>✓</b>	<b>Functional Computer Use</b>	<b>✓</b>
Has never used a computer		Uses computer at school	
Uses computer at home		Uses computer for games	
Uses computer for word processing		Uses computer spell checker	

Additional comments:

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**Computer Availability:**

The student has access to the following computer(s)

Windows                      Macintosh                      Desktop                      Laptop

The Student uses a computer:

Rarely                      Daily for one or more subjects or periods                      Every day, all day

Additional comments:

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**Reading**

**Not Applicable** \_\_\_\_\_

**Student's approximate independent reading level.** \_\_\_\_\_

<b>Area of concern</b>	<b>✓</b>	<b>Area of concern</b>	<b>✓</b>
Reading is significantly below grade level		Student does not comprehend what he/she reads	
Student has difficulty spelling		Student does not comprehend information that is read to him/her	
Student has difficulty decoding			

**Cognition and Communication****Not Applicable** \_\_\_\_\_Does the student initiate communication/ interaction?  Yes  NoDoes the student respond to communication/interaction?  Yes  No**Forms of communication used by the student (mark all that apply):**

Mode	✓	Examples
Facial Expressions		
Gestures		
Sign Language		
Picture Symbols		
Yes/No Responses		
Vocalizations (sounds)		
Verbalizations (words)		
		% understood by familiar listeners: _____ % understood by unfamiliar listeners: _____
Voice Output Device		

**Cognitive/ Language skills completed by student (mark all that apply):**

Skill	✓	Skill	✓
Identify real objects		Identifies numbers	
Identify pictures/ symbols		Identifies letters	
Knows how objects are used		Identifies shapes	
Can <u>group</u> similar items together (i.e. clothes, food)		Identifies colors	
Follows directions: __ 1-step __ 2 step __ 3 step		Identifies sight words	
Understands more than he/she can communicate		Auditory discrimination of sounds/ words	
Can put two symbols/words together to express an idea		Reads Words	

**Personal** **Not Applicable** \_\_\_\_\_How would you describe the student's behavior? \_\_\_\_\_  
\_\_\_\_\_

What is motivating to him/her? Please list examples in each category as applicable:

	Favorite/Motivating Items	Non-Preferred/Non-Motivating Items
Music/ Songs		
Drinks/ Foods		
TV Shows/ Movies		
People		
Places		
Activities/ Hobbies		
Games/ Toys		
Other		

**LEA Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_