

**Jordan School District
UATT Fast Track Referral
For Special Education *IEP/504* Students**

Student Name: _____ **DOB:** _____
Classification: _____ **Diagnosis:** _____
Parents: _____ **Phone:** _____
School: _____ **Grade/Track:** _____
School Contact Person: _____

Communication:

- PECSs SCERTS Picture Support (i.e.):

Equipment:

- | | | |
|--|---|---|
| <input type="checkbox"/> Cheap Talk (4 or 8) | <input type="checkbox"/> GoTalk (4,9 or 20) | <input type="checkbox"/> Twin Talk (2 button) |
| <input type="checkbox"/> iTalk2 | <input type="checkbox"/> Switch | <input type="checkbox"/> Adapted Toy |
| <input type="checkbox"/> Eye gaze board | <input type="checkbox"/> Spring Board Light | <input type="checkbox"/> Dynavox: |
| <input type="checkbox"/> iPad | <input type="checkbox"/> iPod | <input type="checkbox"/> Prenke Romich: |
| <input type="checkbox"/> Alphasmart | <input type="checkbox"/> Fusion | <input type="checkbox"/> Forte |
| <input type="checkbox"/> SmartPen | <input type="checkbox"/> Writer | <input type="checkbox"/> Laptop |
| <input type="checkbox"/> Other: | | |

Software:

- | | | |
|---|--|--|
| <input type="checkbox"/> Pixwriter | <input type="checkbox"/> Boardmaker Plus | <input type="checkbox"/> Start to Finish Books |
| <input type="checkbox"/> Dragon Dictate | <input type="checkbox"/> Classroom Suite | <input type="checkbox"/> Read&Write Google |
| <input type="checkbox"/> Microsoft Office | <input type="checkbox"/> Other: _____ | |

Apps:

- | | | | |
|-------------------------------------|--------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> GoTalk Now | <input type="checkbox"/> Proloquo2go | <input type="checkbox"/> Tap Speak Sequence | <input type="checkbox"/> Tap to Talk |
| <input type="checkbox"/> Co:Writer | <input type="checkbox"/> Read2Go | <input type="checkbox"/> Dragon | <input type="checkbox"/> Siri |
| <input type="checkbox"/> Notability | <input type="checkbox"/> Docs2Go | <input type="checkbox"/> SnapType | <input type="checkbox"/> Other: _____ |

Access:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Switch | <input type="checkbox"/> Touch Screen | <input type="checkbox"/> Adapted Mouse | <input type="checkbox"/> Adapted Keyboard |
| <input type="checkbox"/> Bluetooth Switch Interface | <input type="checkbox"/> Environmental Control Kit | | <input type="checkbox"/> Other: _____ |

Support:

- | | | | | | |
|---|--|---|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Minimum Assistance (25%) | <input type="checkbox"/> Moderate Assistance (50%) | <input type="checkbox"/> Maximum Assistance (75%) | <input type="checkbox"/> Independent | <input type="checkbox"/> Dependent (HOH) | <input type="checkbox"/> Other: _____ |
|---|--|---|--------------------------------------|--|---------------------------------------|

_____ Initial. By completing this Fast Track Referral, you acknowledge and realize that you and your school team are willing and able to implement the requested items marked above.

COMPLETED By: _____ Date Completed: _____