Student Assessment Referral Process

Teacher may request an informal classroom observation to discuss how various technologies might be incorporated into classroom procedures and routines. Informal classroom observations can be made by the building's "expert pool." New strategies can then be implemented and evaluated.

If a specific student continues to have difficulties with classroom expectations, the referring teacher begins documentation of interventions for that student. The teacher then discusses the student's need for support with SST/IEP team/building administrator to identify possible first intervention steps. The District Assistive Technology Referral Guide will be used as a resource to help document and provide suggestions for other technologies and strategies that might be considered.

Should additional support continue to be needed, the building team members will provide the following information to the AT building contact with copies also being submitted to the SPED coordinator:

- Complete the Referral/Question Identification Guide
- Attach the District Assistive Technology Referral Guide
- Copy of student IEP or SST Action Plan

Upon receipt of referral, the District AT Team will review the information. A member of the Assistive Technology Team will contact the building to discuss and clarify the referral information. Depending on the referral discussion the following steps may be taken:

1) Additional student information may be requested by the assistive technology team member
2) Suggestions for low technology support may be given
3) A student observation may be scheduled with parent permission
4) Suggestions for contacting district teachers serving as models may be given
5) Additional assessments may be administered
6) Trial period for low tech support implementation may be determined before more intensive interventions are considered

An AT designee will follow up with the building to communicate and proceed with the plan of action.

Referral/Question Identification Guide

Student's Name _____ Date of Birth _____ Age _____

School _____ Grade _____

School Contact Person _____ Phone _____

Persons Completing Guide _____ Date _____

Parent(s) Name _____ Phone _____

Address _____

Student's Primary Language _____ Family's Primary Language _____

Disability (Check all that apply)

❑ Speech/Language ❑ Significant Developmental Delay ❑ Specific Learning Disability

❑ Cognitive Disability ❑ Other Health Impairment ❑ Hearing Impairment

❑ Traumatic Brain Injury ❑ Autism ❑ Vision Impairment

❑ Emotional/Behavior Disability

❑ Orthopedic Impairment – Type _____

Current Age Group

❑ Birth to Three ❑ Early Childhood ❑ Elementary

❑ Middle School ❑ Secondary

Classroom Setting

❑ Regular Education Classroom ❑ Resource Room ❑ Self-contained

❑ Home ❑ Other _____

Current Service Providers

❑ Occupational Therapy ❑ Physical Therapy ❑ Speech Language

❑ Other(s _____

Medical Considerations (Check all that apply)

❑ History of seizures ❑ Fatigues easily

❑ Has degenerative medical condition ❑ Has frequent pain

❑ Has multiple health problems ❑ Has frequent upper respiratory infections

❑ Has frequent ear infections ❑ Has digestive problems

❑ Has allergies to

❑ Currently taking medication for

❑ Other – Describe briefly _____

_____

Other Issues of Concern _____

_____

Assistive Technology Currently Used (Check all that apply)

- ❑ None
- ❑ Manual Communication Board
- ❑ Low Tech Vision Aids
- ❑ Environmental Control Unit/EADL
- ❑ Power Wheelchair
- ❑ Voice Recognition
- ❑ Low Tech Writing Aids
- ❑ Augmentative Communication System
- ❑ Amplification System
- ❑ Manual Wheelchair
- ❑ Computer – Type (platform)
- ❑ Word Prediction
- ❑ Adaptive Input – Describe _____
- ❑ Adaptive Output – Describe _____
- ❑ Other _____

Assistive Technology Tried

Please describe any other assistive technology previously tried, length of trial, and outcome.

(How did it work or why didn't it work)

_____

Assistive Technology Number and Dates of Trial(s)

_____

Outcome Number and Dates of Trial(s)

_____

Assistive Technology Number and Dates of Trial(s)

_____

Outcome Number and Dates of Trial(s)

_____

Assistive Technology Number and Dates of Trial(s)

_____

Outcome

REFERRAL QUESTION

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

_____

Based on the referral question, select the sections of the Student Information Guide to be completed.

(Check all that apply)

- ❑ Section 1 Motor Aspects of Writing
- ❑ Section 2 Fine Motor Related to Computer or Device Access
- ❑ Section 3 Composing Written Material
- ❑ Section 4 Communication
- ❑ Section 5 Reading
- ❑ Section 6 Learning and Studying
- ❑ Section 7 Math
- ❑ Section 8 Recreation and Leisure
- ❑ Section 9 Seating and Positioning
- ❑ Section 10 Mobility
- ❑ Section 11 Vision
- ❑ Section 12 Hearing
- ❑ Section 13 General