

**REQUEST FOR ASSISTIVE TECHNOLOGY SUPPORT
APPALACHIA INTERMEDIATE UNIT 8**

Referral Source: _____
Title: _____
Address: _____
Phone: _____
Best time to call: _____

STUDENT INFORMATION

Name: _____	Does the student have
Age: _____ D.O.B. _____	An IEP? Yes* ___ No ___
Social Security #: _____	(*If yes, please include along with ER)
Medical Access # (if applicable) _____	An Outside Evaluation? Yes* ___ No ___
Parents: _____	(*If yes, please include)
Address: _____	Neurological Report? Yes* ___ No ___
_____	(*If yes, please include)
Phone: 814/ _____	
District of Residence: _____	
District of Classroom: _____	
School: _____	
Class: _____	
Teacher: _____	

TEAM INFORMATION (Names/Titles)

Please list all people that work with the student.

_____ - Parent

CURRENT SERVICES STUDENT IS RECEIVING (Check all that apply)

Speech/Language Therapy ___ Occupational Therapy ___ Physical Therapy ___
Vision Support ___ Hearing Support ___ Autistic Support ___

WHAT ITEMS CAN BEST MEET THE STUDENT'S NEEDS?

- Manual Picture Communication Board
- Augmentative Communication Device (Vocal Output)
- Switches
- Environmental Control Unit
- Assistive Writing Aids/Strategies
- Computer Access/Adapted Software
- Wheelchair Mount
- Vision Equipment
- Amplification Systems
- Other (Please list.)

Please list adaptations and/or equipment student is currently using in order to meet goals/objectives associated with using Assistive Technology.

PRESENT UNMET NEEDS FOR COMMUNICATION, WRITING:

Check those categories of functioning that apply.

- Verbal
- Non-Verbal
- Verbal approximations or gestural language present but insufficient
- Very early stages of language and cognitive development and has no present means to express language
- Physical disabilities limit writing, typing, computer access, etc.
- Physical disabilities interfere with writing, typing, computer access. Additional assistance is needed.

Describe specific performance in greater detail (i.e. "Student indicates 'yes' by looking up, but is unable to communicate other needs with teacher/students in the classroom."
"Student cannot write with a pencil, but can type with one finger at the rate of 10 characters per minute with 80% accuracy.")

PRESENT INSTRUCTIONAL LEVELS AND POTENTIAL TO ACHIEVE:

A. LANGUAGE

1. Does the student have preferences to some stimuli as opposed to other stimuli?
(*Example: Human faces, human voices*)
yes ___ no ___
2. Does the student have reliable motoric control over at least one part of the body that can later be used as a signal?
yes ___ no ___
3. Does the student make choices of preferred stimulus?
yes ___ no ___
4. Does the student match photographs or drawings to objects they represent?
yes ___ no ___

B. PRE-READING AND READING SKILLS

- | | | |
|---|---------|--------|
| 1. Object/picture recognition | yes ___ | no ___ |
| — | | |
| 2. Auditory discrimination of sounds, words, phrases | yes ___ | no ___ |
| 3. Follows simple directions | yes ___ | no ___ |
| 4. Sight word recognition | yes ___ | no ___ |
| 5. Can put two words together to express an idea | yes ___ | no ___ |
| — | | |
| 6. Reading comprehension level (<i>grade level</i>) | yes ___ | no ___ |
| — | | |
| 7. Spelling level (<i>grade level</i>) | yes ___ | no ___ |
| — | | |

C. WRITING AND TYPING ABILITIES

- | | | |
|--|---------|--------|
| 1. Independent, legible, but takes a long time | yes ___ | no ___ |
| — | | |
| 2. Can hold pencil, is illegible, is difficult for student | yes ___ | no ___ |
| 3. Can type slowly, with one digit | yes ___ | no ___ |
| 4. Can type slowly, with more than one digit | yes ___ | no ___ |
| — | | |
| 5. Can type slowly, with head or mouth stick | yes ___ | no ___ |
| 6. Fatigues easily, needs another's assistance | yes ___ | no ___ |
| — | | |
| 7. Dictation is used | yes ___ | no ___ |
| 8. Does NOT write | yes ___ | no ___ |

9. Does NOT type yes ___ no ___
10. OT has been consulted, provided strategies yes ___ no ___

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D. COMPUTER USE

1. Has NEVER used a computer yes ___ no ___
2. Uses word processing yes ___ no ___
3. Uses adapted keyboard yes ___ no ___
4. Uses with a single switch yes ___ no ___
5. Adapted software presently using (*Please list.*) Yes ___ no ___

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E. COMMUNICATION/LANGUAGE FUNCTIONING

1. Desires of communicate yes ___ no ___
2. Initiates interaction (*Circle*)
Always Frequently Occasionally Seldom Never
3. Responds to communication interaction (*Circle*)
Always Frequently Occasionally Seldom Never
4. Indicates "Yes" and "No" responses by:
 Shakes head Signs
 Vocalizations Word approximations
 Eye gaze Gestures
 Points to a board Do not have a consistent/reliable response
 **Can a person unfamiliar with the student understand the response?*
 Yes ___ no ___
5. Present means to communicate (*Check all the methods used and circle the primary method the student uses.*)
 Gestures Facial expressions
 Vocalizations Semi-intelligible speech
 Painting Intelligible speech
 Sign language Sign language approximations
 Communication board Eye gaze/eye movement
 Vocal output system Reliable "yes/no" response
 other, please describe:
-

6. Understands student's communication attempts (*circle*)
- | | | | |
|-----------|------------------|------------------|--------|
| Parents | Most of the time | Part of the time | Rarely |
| Teachers | Most of the time | Part of the time | Rarely |
| Peers | Most of the time | Part of the time | Rarely |
| Siblings | Most of the time | Part of the time | Rarely |
| Strangers | Most of the time | Part of the time | Rarely |

7. Current level of receptive language:

Age approximation _____

8. Current level of expressive language:

Age approximation _____

9. Communication interaction skills:

a. Interaction with peers: (Circle)

Always Frequently Occasionally Seldom Never

b. Demonstrates awareness of Listener's attention: (Circle)

Always Frequently Occasionally Seldom Never

c. Asks questions: (Circle)

Always Frequently Occasionally Seldom Never

d. Repairs communication breakdown: (Circle)

Always Frequently Occasionally Seldom Never

SPECIFIC BARRIERS:

A. CURRENT MOTOR ABILITIES/PROBLEMS:

1. Mobility (Check all that apply)

- Walks independently
- Has difficulty walking
- Walks with assistance
- Crawls, rolls, or creeps independently
- Uses powered wheelchair
- Uses manual wheelchair

2. Voluntary, controlled movements (Observe the student using a switch, paper & pencil, computer)

- left hand right hand left arm right arm
- left leg right leg left foot right foot
- fingers head eye(s) mouth
- tongue

3. Range of Motion. (Describe briefly any specific limitations. Also describe the specific range in which the student has the most motor control.)

4. Accuracy and Fatigue. (Describe the student's tolerance for a motor task and how easily he/she becomes fatigued. Discuss how accurate, reliable, and consistent the student's motor patterns are in particular tasks in particular situations.)

5. Time. *(Describe how long [in minutes] it requires the student to complete a particular motor task.)*

B. SEATING AND POSITIONING OF STUDENT: *(Check all that apply.)*

- Sits in regular chair
 - Sits easily, comfortably in wheelchair most of the day
 - Spends part of the day out of the chair in a prescribed position
 - Enjoys many positions throughout the day, based on the activity
 - Uses regular desk
 - Uses tray on wheelchair for "desktop"
 - Uses adapted table
 - Has difficulty using table or desk
 - Other, please describe
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WHY IS ASSISTIVE TECHNOLOGY NEEDED?

(Please complete a brief narrative on why you made this referral. Taking into account the student's disability, how will Assistive Technology benefit this student in meeting his/her goals and objectives?)

Signature of Referral Source

Signature of District Special Education Designee

Date

RETURN COMPLETED FORM TO:

CAROL HOOVER

Educational & Assistive Technology Consultant

Appalachia Intermediate Unit 8

4500 6th Ave

Altoona, PA 16602

Date referral was received at IU 8: _____