



## CMCSS ASSISTIVE TECHNOLOGY (AT) REFERRAL FORM

### **SECTION 1: GENERAL INFORMATION**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
School: \_\_\_\_\_ Gender: Male or Female  
Teacher: \_\_\_\_\_ SpEd Case Manager: \_\_\_\_\_  
Room Number: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Primary Language: \_\_\_\_\_  
Eligibility: \_\_\_\_\_ Placement: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Primary phone number: \_\_\_\_\_  
Date of IEP: \_\_\_\_\_

### **SECTION 2: REASON FOR REFERRAL** - NOTE: *Assistive Technology is required and provided when disability-related barriers prevent the student from meeting the goals and benchmarks of the IEP*

1. Please describe the DEFICIT (area of functioning) that prevents the student from meeting the goals and benchmarks of the IEP (e.g., present level statements) through the current school based Related Services and site based Assistive Technology equipment:

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2. Please list the GOALS & BENCHMARKS the student is currently ***unable to meet***:

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3. What Assistive Technology device, software, or support does the team wish to consider in order to facilitate meeting current IEP goals?

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### **SECTION 3: GLOBAL INFORMATION**

#### **A. Medical Information**

Medical Diagnosis (if applicable) or significant medical concerns (e.g., CP, Rhett Syndrome, Down Syndrome, Autism Spectrum Disorder):

Does the student have hearing deficits? (Attach Audiologist Report)

Describe: \_\_\_\_\_

Does the student have vision deficits? (Attach Vision Specialist Screening/Assessment)

Describe: \_\_\_\_\_

Does the student have fine motor deficits? (Attach OT Screening/Assessment)

Describe: \_\_\_\_\_

Does the student have gross motor deficits? (Attach PT Screening/Assessment)

Describe: \_\_\_\_\_

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**B. Academic Information**

1. Please indicate the student's current levels of academic performance by providing approximate grade levels for the following subject areas:

Reading Level:

Writing/ Composition Level:

Math Level:

2. What supports have been utilized in the past? ***NOTE: Site-Based technologies must be trialed and listed below before additional supports should be considered.***

Mark Y or N	Indicate the types of support that have been trialed:	How long was the support in place?	Why was the support unsuccessful?
Writing Supports (complete for all writing referrals):			
Y N	Pencil Grip		
Y N	Adapted Paper		
Y N	Slant Board		
Y N	Word Processor (Neo, AlphaSmart, Fusion)		
Y N	Computer (classroom/library computer)		
Y N	Software		
Y N	Occupational Therapy		
Y N	Other:		
Communication Supports (complete for communication referrals):			
Y N	Single message switch (Big Mack)		
Y N	Voice Output device (GoTalk, TalkingBrix)		
Y N	Topic/Communication Book		
Y N	PECS (Picture Exchange)		
Y N	Tablet w/Aug.Comm. APP (Proloquo2Go)		
Y N	Voice Generated Device (Dynavox, Maestro)		
Y N	Speech Therapy		
Y N	Other:		
Access to Curriculum:			
Y N	Alternative Keyboards (Intellikeys, BigKeys)		
Y N	Switches / Mounts		
Y N	Alternative Mouse/Trackball		
Y N	Touch Window or Monitor		

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**SECTION 4: COMPLETE THIS SECTION IF REFERRAL WILL ADDRESS LANGUAGE AND COMMUNICATION CONCERNS**

1. List COMMUNICATION BARRIERS (e.g., nonverbal, unintelligible, apraxia, respiratory challenges, G-Tube, etc): \_\_\_\_\_

2. What does the student communicate? Check those that apply:  
 \_\_\_ feelings \_\_\_ wants/needs \_\_\_ information/experiences

3. Who understands the child's communication attempts? \_\_\_\_\_

4. What does the child use to initiate communication now? Check those that apply:  
 \_\_\_ actions \_\_\_ grunts \_\_\_ words \_\_\_ signs \_\_\_ pictures \_\_\_ gestures (hand over hand)

5. What can the child imitate? Check those that apply:  
 \_\_\_ actions \_\_\_ signs \_\_\_ words \_\_\_ sounds \_\_\_ vowels \_\_\_ CVC combinations (eg, cat, dog, mom)

6. Estimate the number of words the child uses: \_\_\_\_\_ Are the words (check each if it applies) \_\_\_ echolalic  
 \_\_\_ unintelligible \_\_\_ word approximations \_\_\_ severe articulation delay

7. Estimate what percentage of the child's speech is intelligible: \_\_\_\_\_%

8. Estimate the number of signs the child uses: \_\_\_\_\_ Are the signs accurate? \_\_\_ Yes \_\_\_ No

9. Has the IEP team implemented the PECS Protocol? \_\_\_ Yes \_\_\_ No

10. Has the IEP team attended PECS Training? \_\_\_ Yes \_\_\_ No When? \_\_\_\_\_

11. Estimate the number of pictures the child uses to communicate: \_\_\_\_\_

- What picture size is necessary / appropriate? \_\_\_ 1 inch \_\_\_ 2 inch \_\_\_ larger
- Can the student make a choice between a preferred and non-preferred activity? \_\_\_ Yes \_\_\_ No
- Is the use of pictures to communicate limited to meal/snack time? \_\_\_ Yes \_\_\_ No
- Is the child able to select a requested picture from a set of 2? \_\_\_ Yes \_\_\_ No
- Is the child able to select a requested picture from a set of 4? \_\_\_ Yes \_\_\_ No
- Is the child able to select a requested picture from a set larger than 4? \_\_\_ Yes \_\_\_ No
- Does the child combine more than one picture to communicate? \_\_\_ Yes \_\_\_ No
- How many pictures does the child put together? \_\_\_\_\_
- Does the child put together pictures to form meaningful phrases? \_\_\_ Yes \_\_\_ No
- Does the child put pictures together to form meaningful sentences? \_\_\_ Yes \_\_\_ No

12. What are effective reinforcers for the child? \_\_\_\_\_

13. Describe the child's language comprehension ability: \_\_\_\_\_

14. Is the child able to accurately:

- Answer yes/no questions? \_\_\_ Yes \_\_\_ No
- Answer "wh" questions? \_\_\_ Yes \_\_\_ No
- Follow simple familiar commands? \_\_\_ Yes \_\_\_ No
- Follow unfamiliar commands? \_\_\_ Yes \_\_\_ No
- Follow 2 step commands? \_\_\_ Yes \_\_\_ No



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15. How well would the child handle a COMMUNICATION DEVICE?

- Would the student be responsible and handle it appropriately? \_\_\_Yes \_\_\_ No
- Is the student likely to drop / bang / throw the device? \_\_\_Yes \_\_\_ No
- Is the student likely to get into the internal control mechanisms and programming options? \_\_\_Yes \_\_\_ No

16. Is the communication system that is used at school the same communication system used at home?

\_\_\_Yes \_\_\_ No If no, how do they differ?

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### **SECTION 5: ADDITIONAL INFORMATION**

Please list any additional concerns or information that the IEP team feels may be valuable to this assessment:

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### **SECTION 6: IEP TEAM PARTICIPATION**

Sped Teacher Signature: \_\_\_\_\_

Gen Ed Teacher signature: \_\_\_\_\_

Parent signature: \_\_\_\_\_

LEA signature: \_\_\_\_\_

OT signature: \_\_\_\_\_

(Required for referrals to address written expression needs)

SLP signature: \_\_\_\_\_

(Required for referrals to address communication needs)

PT signature: \_\_\_\_\_

Vision Specialist signature: \_\_\_\_\_

(Required for referrals to address vision needs)

Psychologist signature: \_\_\_\_\_

**Please submit this completed referral form and documents listed below to: [at.sped@cmcss.net](mailto:at.sped@cmcss.net)**

**Incomplete packets will be returned for completion.**

Please ensure you have:

\_\_\_included a copy of the signed/dated "Assistive Technology Referral Form"

\_\_\_included a complete copy of the IEP

\_\_\_included OT/PT/SLP/Vision reports for all related services received

\_\_\_documented the referral in the IEP by:

1. Indicating YES under "Consideration of Special Factors"

2. Denoting 'Assess' for Assistive Technology

\_\_\_included a student schedule if Middle School or High School student