

Harvey County Special Education Cooperative
308 East 1st St., Newton KS 67114
Referral for Assistive Technology Evaluation and Services

Student Name: _____ Date: _____
Birth date: _____ Primary Exceptionality: _____
School: _____ Grade: _____ Requested by: _____
Teacher: _____ Date of current IEP: _____

Related Services Personnel (provide name):

Special Educators: _____ OT: _____
Speech/Lang: _____ PT: _____
Vision: _____ Other: _____

1. Current programming provided:

Regular classroom Regular classroom with support services Self-contained room

2. Background information:

Cognitive Level: _____ Medical Diagnoses: _____
Medical Precautions: _____

3. Communication skills the student has:

- Verbal
- Nonverbal
- Very early stages of language & cognitive development and has no present means to express oral lang.
- Verbal approximations and gestural language present but insufficient
- Physical disabilities interfere with writing, typing, computer access, etc.
- Cognitive disabilities interfere with writing, typing, computer access, etc.

4. What task is it that we want this student to do, that s/he is unable to do at a level that reflects his/her skills/abilities?

Check and **describe the specific need(s)** for which assistance is being requested.

- Seating and positioning _____
- Communication _____
- Motor skills _____
- Vision _____
- Hearing _____
- Academic achievement/performance _____
- Mobility _____
- Strength/endurance _____
- Cognition/memory _____
- Self-care skills _____

5. Describe strategies (including technology) previously tried to address specific needs specified in part 4. Note whether strategies were successful.

Completed by: _____
(name) (position) (sign)