



SENECA HIGHLANDS INTERMEDIATE UNIT 9

ASSISTIVE TECHNOLOGY REFERRAL

Student Name: _____ Date of Referral: _____

Grade: _____ Age: _____ Date of Birth: _____

School: _____ District: _____

School Contact: _____ Phone: _____ Email: _____

Disability: _____

Related Services: _____

REASON FOR REFERRAL

1. What is the task the student needs to accomplish?

2. What is the student's current level of performance on this task?

3. How is the student's disability affecting his/her performance?

4. In which environment(s) does this task need to be done?

5. What assistive technology has been used and/or recommended in the past? Why was the AT not successful?

6. What assistive technology is currently being used successfully?

Based on the referral questions, select the sections of the Student Information Guide to be completed. **Check all that apply.**

- Section 1: Fine Motor Related to Computer or Device Access
- Section 2: Motor Aspects of Writing
- 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