



3075 Adeline Street, Suite 220, Berkeley, CA 94703

510-841-3224 (Voice)

510-841-5621 (TTY)

510-841-7956 (Fax)

www.cforat.org / info@cforat.org

Student Assessment Referral/Intake Form

Fill out completely and fax or mail with **Purchase Order** or Individual Service Agreement and Parent/Guardian authorization for "**Release of Information**", For AT Action Plan include **IEP**, **progress**, and **assessment reports** from the last 12 months.

School: _____ Student name: _____

Birthdate: _____ Age: _____ Grade: _____

Parent(s): _____ Home phone: _____

Cell Phone: _____ E-mail: _____

School Contact: _____ Title: _____

Phone: _____ E-mail: _____

District Contact: _____ Title: _____

Phone: _____ E-mail: _____

Describe the student's strengths and interests:

Describe the student's deficits and dislikes:

Describe recent/current tools and strategies that assist the student to participate in class and/or meet educational goals:

What specific tasks that may be aided with AT should be the focus of this assessment? (Please rank in order of importance):

1. _____
2. _____
3. _____

Describe the types of computer hardware, software, and other technology available to the student in these environments:

At Home:

At School:

List the primary activities for which the student uses this computer and other technology:

1. _____
2. _____
3. _____

Please list all other specialists who currently work or recently have worked with this student:

Name: _____ Title: _____

Phone: _____ E-mail: _____

Name: _____ Title: _____

Phone: _____ E-mail: _____

Name: _____ Title: _____

Phone: _____ E-mail: _____

Name: _____ Title: _____

Phone: _____ E-mail: _____

This form completed by: _____

Please include the following:

Purchase order Information Release IEPs Progress reports Assessments

Completed Assistive Technology Assessment should be sent to:

Name: _____ Title: _____

Address: _____

Name: _____ Title: _____

Address: _____