



# Center for Accessible Technology

## Assistive Technology Consideration Intake Questionnaire (Parent/Guardian)

Please include **Payment Contract (if private pay)**, Parent/Guardian authorization for **Release of information, Photo/Video release**.

Date of Referral:		Assistive Tech(AT)	Alt Aug Communication (AAC)	Combined AT&AAC
Student Name		Birthdate		Age:
Address				
Parent/Guardian				
Phone		Email:		
Diagnosis (if any):				

Type of AT Consideration requested (circle one):	Tier 1	Tier 2	Tier 3
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\*Tier 2: Submit IEP eligibility, goals, services, and accommodations. Tier 3: Submit Full IEP including assessment and progress reports

Areas of Concern/Reason for Referral *(and describe impact on home activities)*


Describe the tools and strategies that have been tried (and what has been the outcome):


Describe any tools and strategies currently in place at home:


List the primary activities for which these tools are used:

1.
2.
3.
4.
5.

Indicate current performance in the following areas:

<i>Reading</i>
<i>Writing</i>
<i>Organization</i>
<i>Communication (include current modes of communication)</i>
<i>Recreation Leisure</i>
<i>Seating, Positioning, Mobility</i>
<i>Vision &amp; Hearing:</i>
<i>Other:</i>

Any other factors that need to be taken into consideration:(e.g. behaviors, coping strategies, learning styles etc.)

Form completed by:	
Completion date:	