



Center for Accessible Technology

Assistive Technology Consideration Intake Questionnaire

Please include **Payment Contract**, Parent/Guardian authorization for **Release of information**, **Photo/Video release**.

Date of Referral:		Assistive Tech (AT) <input type="checkbox"/>	Alt Aug Communication (AAC) <input type="checkbox"/>	Combined AT&AAC <input type="checkbox"/>
Student Name		Birthdate		Age:
Address				
Parent/Guardian				
Phone		Email:		
School Name		District		Grade
District Contact Name & Title		Email/phone		
Special Ed (Name & email)		General Ed (Name & email)		
O.T (Name & email)		P.T (Name & email)		
AT/AAC (Name & email)		Vision/DHH (Name & email)		
Speech (Name & email)		Other (Title) (Name & email)		

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

Areas of Concern/Reason for Referral <i>(and describe impact on school activities)</i>
Describe the tools and strategies that have been tried (and what has been the outcome):
Describe any tools and strategies currently in place at school:

List the primary activities for which the student uses these tools and technologies:

1.
2.
3.
4.
5.

Current Performance

<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 & Hearing:</i>

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

Form completed by:	
Completion date:	