

Medford Public Schools - Assistive Technology Evaluation Referral Form

Student: _____ Date: _____

D.O.B.: _____ School: _____ Grade: _____

Team Contact Name: _____ email: _____

Assistive technology can help to bypass or compensate for communication problems, physical challenges and/or learning difficulties. An Assistive Technology evaluation answers the question: "Would the use of assistive technology help this student perform this skill more easily or efficiently, in the least restrictive environment, or with less personal assistance?"

The IEP Team completes this *Assistive Technology Referral Form* when referring a student for an Assistive Technology Evaluation or Consultation.

Check Areas of Concern where student is not currently meeting or is having difficulty meeting their instructional and IEP goals. Complete one A - E grid below for each of the areas checked here.

<input type="checkbox"/> MECHANICS OF WRITING	<input type="checkbox"/> LEARNING, STUDYING, & ORGANIZATION	<input type="checkbox"/> MOBILITY
<input type="checkbox"/> COMPOSING WRITTEN MATERIAL	<input type="checkbox"/> COMMUNICATION	<input type="checkbox"/> HEARING
<input type="checkbox"/> READING	<input type="checkbox"/> COMPUTER ACCESS	<input type="checkbox"/> VISION
<input type="checkbox"/> MATH	<input type="checkbox"/> SEATING & POSITIONING	<input type="checkbox"/> OTHER:

A. Area where student is having difficulty (from list above)	B. Related IEP Goal # & Specific Goal Focus	C. Describe student's difficulties in this area related to their ability to access & progress in the curriculum toward instructional & IEP goals. <u>Identify the specific task(s) that the student is currently unable to do at a satisfactory level.</u>	D. Describe Current Strategies/Modifications /Accommodations Used for tasks identified in column C.	E. Identify any suggested assistive technology device or strategy that the team or referring person would like to consider for this student.

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