



Center for Assistive Technology
 28-11 Queens Plaza North, Room 402
 Long Island City, NY 11101
 Tel: 718-391-8384
 Fax: 718-391-8174

IEP Mandated Assistive Technology (A.T.)

- **What is Assistive Technology?**

IDEA states that assistive technology is “ any item, piece of equipment or product system, whether acquired commercially off the shelf, modified or customized, that is used to increase, maintain, or improve functional capabilities of a person with a disability.”

- **How do I determine if the student needs Assistive Technology?**

Please refer to table below as a guide

If you are considering assistive technology because...	IEP mandated Assistive Technology is <u>not</u> appropriate.	Student may need Assistive Technology IEP team can ‘consider’ needs independently or complete referral for further assistance
The student needs to be motivated	•	
The student wants to access the internet or likes computers	•	
The student cannot communicate via typical voice and alternative methods have not been effective		•
The student can not access the curriculum via typical modes comparable to his peers and alternative methods have not been effective		•
The student has reading deficit that is addressed programmatically	•	
Students’ handwriting is illegible due to lack of practice and or instruction in penmanship	•	

An IEP team needs to ‘consider’ whether or not a child needs assistive technology. In order to consider that need, at least one person on the IEP team should have knowledge of assistive technology. You cannot “consider” something about which you do not know anything about.

- **Someone on the team is knowledgeable of assistive technology, now what do I do?**

If the IEP team determines that the student requires assistive technology and someone on the IEP team is knowledgeable of what is required, then that person can provide written documentation. The team can then move forward with the process as directed by their CFN/CSE for adding the assistive technology recommendation to the IEP. **A referral to the Center for Assistive Technology is not required.**

- **The IEP team is not knowledgeable about assistive technology or is unaware as to what will help the student access the curriculum?**

If the IEP team cannot determine the assistive technology needs of the student and the consideration for assistive technology is not to motivate the student or provide programmatic instruction, then **the IEP team should complete the attached referral and forward it to the Center for Assistive Technology at the above address.**



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Assistive Technology Evaluation Referral

Instructions: Please complete this form and attach a copy of the student's most recent I. E. P. FOR PRESCHOOLS AND/OR PRIVATE SCHOOLS SUBMIT TO THE CSE OR CPSE. FOR PUBLIC AND CHARTER SCHOOLS SUBMIT TO THE CENTER FOR ASSISTIVE TECHNOLOGY AT THE ABOVE ADDRESS.

Parental Consent Yes No

Date of Referral _____

PART I

Student's Name _____
Last Name First Name

Date of Birth _____ Age _____ OSIS # _____ Sex: Male Female

Parent/Guardian Name _____ Relationship _____

CFN Cluster _____ **If Applicable**
 CPSE _____ CPSE Administrator _____

CFN Network _____ CSE _____ CSE Contact _____

School _____ School Contact _____
 Public School Private School

District 75 Yes No **Student receives vision services?** Yes No **If yes to either, please contact Tech Solutions to schedule an AT evaluation - 212-802-1530**

Program _____ School # _____ Grade: _____ School Name _____
(Staff ratio)

School Address _____
(Include: Street, Town and Zip Code)

Evaluation Contact Person _____ Contact Person's Title _____

Contact Telephone # _____ Fax # _____

Team Members / Service Providers	Name	Frequency	Duration	Group Size
Teacher	_____			
SETSS	_____			
Paraprofessional	_____			
Speech & Language	_____	_____	_____	_____
Physical Therapy	_____	_____	_____	_____
Occupational Therapy	_____	_____	_____	_____
Vision Services	_____	_____	_____	_____
Hearing Services	_____	_____	_____	_____
Counseling	_____	_____	_____	_____
Other	_____	_____	_____	_____

ACADEMIC INFORMATION

Teacher

Teacher's Name

Signature

Date Prepared

READING

Student reads at grade level _____

Student has difficulty comprehending the following: (Check all that apply)

- Words
- Subject area textbooks
- Reading textbooks
- Worksheets
- Tests

Student's reading performance is improved by: (Check all that apply)

- Small amount of text on page
- Computer with speech output
- Lower reading level
- Enlarged print
- Bold type for main ideas
- Masking
- Graphics to communicate ideas
- Reduced length of assignments
- Other: _____
- Spoken text to accompany print

WRITING

Student writes grade appropriate Yes No Grade Level _____

Current writing ability: (Check all that apply)

- Writes with right hand
- Prints letters
- Writing is slow and arduous
- Writes with left hand
- Prints words
- Writing is limited due to fatigue
- Holds regular pencil
- Writes cursive
- Complains of pain during writing
- Holds pencil adapted with: _____
- Writes independently and legibly

Current keyboarding ability: (Check all that apply)

- Does not currently type
- Types with 10 fingers and correct hand position
- Types with one finger
- Accidentally hits unwanted keys
- Types with several fingers
- Uses one hand
- Uses two hands
- Uses adapted/alternate keyboard (please specify): _____

Computer Use

Computer availability in the classroom:

- None
- Macintosh
- Windows

Computer Lab

- None
- MAC
- WIN

Student uses computer:

- Rarely
- Frequently
- Daily for one subject / period
- Daily for > two subjects / periods

Computer available at home yes no

If yes, Home Computer ___PC or ___Mac

MATH

Grade level: Student is placed in grade _____ Student's math is at grade level _____

Student's math performance is improved by: (Check all that apply)

- Small amount of text on page
- Computer with speech output
- Lower skill level
- Enlarged print
- Bold type for section identification
- Masking/Highlighting
- Graph Paper
- Reduced length of assignments
- Uses manipulatives
- Spoken text to accompany print
- Use of calculator
- Other: _____

Please list the student's strengths, learning style, interests, and any other significant factors that should be considered:

Speech and Language

Teacher _____

Teacher's Name

Signature

Date Prepared

Ⓢ STUDENTS' SPEECH AND LANGUAGE SKILLS DO NOT REQUIRE ASSISTIVE TECHNOLOGY/AUGMENTATIVE ALTERNATIVE COMMUNICATION (AAC) AT THIS TIME.

COMMUNICATION – If requesting an AAC evaluation please complete below

Student's present means of communication:

(Check all that are used, **circle** primary method the student uses)

Intelligible speech Familiar listener Unfamiliar listener Facial expressions Eye-gaze / eye movement

Gestures Pointing Reliable Yes/No Writing

Sign language (few combinations) Sign language (many combinations)

Vocalizations, list examples: _____

Semi intelligible speech, estimate % of intelligible: _____

Single words, list examples and approx. #: _____

Communication board: PECS tangibles pictures combo picture/symbols words

Maximum number of symbols per field: _____. If so, how many symbols do they recognize? _____

Voice output communication device (name of device): _____

Other: _____

Attention Span: Severely Limited Benefits from redirection Within normal limits

Desires to communicate: Always Occasionally Never

Current level of receptive language: Age Approximation _____

Current level of expressive language: Age Approximation _____

Skills related to communication:

Object / picture recognition	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Symbol recognition (tactile, Mayer-Johnson, Rebus, etc.)	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Follows simple directions	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Selects initial letter or word	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Sight word recognition	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Can put two symbols / words together to express an idea	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never

Is a specific type of symbol or picture preferred? _____

Does the student appear to do better with black-on-white, white-on-black, or specific color combinations for figure/ground discrimination? _____

The student initiates communication in which settings (Check all that apply)

In academic settings _____ In the lunchroom _____ On the school bus _____

At play _____ At home _____ Other (please describe) _____

Has the student used an augmentative communication device in the past? Yes No **If yes, which one?**

Types of objects, themes, pictures of interest for student: _____

Interest level in AAC devices Minimal Moderate Significant

Please list the student's communication strengths, challenges, and any other significant factors that should be considered to determine AAC needs:

Is there any specific device(s) would you like us to consider? Why?

What do you hope this student will accomplish if provided with an AAC device?

Physical Therapist

Therapist's Name

Signature

Date Prepared

STUDENT DOES NOT REQUIRE ASSISTIVE TECHNOLOGY TO ACCESS THE CURRICULUM AT THIS TIME.

Desk Accessibility:

- Uses regular student desk
- Has difficulty using table or desk
- Uses adapted table
- Lap Tray
- Uses wheelchair for desktop

Seating /Positioning:

- Sits in regular chair with feet on the floor
- Sits in adapted chair
- Sits in regular chair with support under his/her feet
- Sits in wheelchair

Motor abilities:

Student has voluntary, isolated, controlled movements using: (check all that apply)

- Left hand
- Left arm
- Left leg
- Left foot
- Fingers
- Right hand
- Right arm
- Right leg
- Right foot
- Eye brows
- Eyes
- Head
- Mouth
- Tongue
- Other: _____

Mobility: (Check all that apply)

- Walks independently
- Difficulty walking up stairs
- Uses manual wheelchair
- Walks with assistance
- Difficulty walking down stairs
- Uses power wheelchair
- Has difficulty walking
- Needs extra time to reach destination
- Uses wheelchair for long distances only

Range of Motion:

Student has specific limitation to range: Yes No

If yes, describe the specific range in which the student has the most motor control:

Reflexes and Muscle Tone:

Student presents abnormal reflexes and/or abnormal muscle tone: Yes No

If yes, describe any abnormal reflex patterns or patterns of low or high muscle tone that might interfere with the students' voluntary motor control.

Reliable Muscle Groups:

Describe muscle groups the student can use consistently accurately:

Please list the student's strengths, challenges, and any other significant factors that should be considered to determine assistive technology needs:

Occupational Therapist

Therapist's Name _____

Signature _____

Date Prepared _____

Writing ability: Check all that apply

- Writes with right hand
- Writes with left hand
- Holds regular pencil
- Holds pencil adapted with:
- Writing is slow and arduous
- Prints letters
- Prints words
- Writes cursive
- Writes independently and legibly _____
- Writing is limited due to fatigue

Keyboarding ability: Check all that apply

- Does not currently type
- Types with one finger
- Types with several fingers
- Accidentally hits unwanted keys
- Types with 10 fingers and correct hand position
- Uses one hand
- Uses two hands
- Uses adapted/alternate keyboard (Please specify): _____

Previous Strategies Implemented:

- Slant Board
- Adapted Paper
- Pencil Grip
- Past experiences with handwriting training/Instruction. If yes, Please specify _____
- Books on Tape/CD
- Organizational Techniques
- Graphic Organizer
- Spell Check
- Dictionary
- Accessibility option on computer

Adaptive Equipment Experience:

- Trackball
- Head pointer
- Switch
- Touch screen
- Joystick
- Other _____

Attention:

- Impulsive
- Follows directions (1Step / Multistep)

Perceptual/Visual/ Motor:

- Recommendation for developmental optometric evaluation Yes No
- Student has perceptual motor difficulty? Yes No Able to copy near Able to copy far

Describe the student's perceptual motor skills.

Sensory Issues:

- Hypersensitivity to touch
- Hyposensitivity to touch
- Others, please specify _____

Please list the student's strengths, challenges, and any other significant factors that should be considered to determine assistive technology needs:

What other accommodation has the Occupational Therapist has tried?

Please attach a writing sample

Expectations of Assistive Technology

How do you think assistive technology is expected to help this student?

- Access to academics
- Assist with spelling
- Provide an efficient means of note taking
- Assist with organization of school work
- Improve quality of written work
- Increase reading comprehension
- Augment communication
- Provide alternative mode of communication
- Enable student to take tests and demonstrate what he/she knows
- Other _____

Additional comments or questions

Use this area to communicate additional comments or questions to the Evaluation Specialists who will be assigned to this evaluation process.

Parent Expectations for Assistive Technology

IF THIS IS A PARENT REQUEST, STATE BELOW, PARENTS' CONCERNS AND HOW PARENT BELIEVES ASSISTIVE TECHNOLOGY WILL HELP THEIR CHILD?
