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Northwest Education Service District
5825 NE Ray Circle
Hillsboro, OR 97124
503-614-1653

Checklist for Assistive Technology Referral

Name:	**Date of Birth:**
School:	**Grade:**
Primary Eligibility:	**Secondary Eligibility:**
Case manager:	**Person completing referral:**

Please complete the following sections for the student you are referring. All sections need to be completed. Thank you!

I/We feel this student needs to be evaluated for assistive technology in the following areas:

☐Communication ☐Organization
☐Reading ☐Hearing
☐Written Communication ☐Vision
☐Motor ☐Other: _____

Reason for Referral:

Related Service Provider(s) *(Please list all)*	Service Area *(Speech, OT, PT, etc)*	Phone Number For Service Provider

1. Student Profile

a. Student's Educational Background/Current Level of Educational Performance (including, as appropriate: information regarding reading, spelling, communication, written expression and other relevant information)
Cognitive Testing Scores (WISC, W-J Broad Cog., etc.):

Full Scale: _____ **Test Used**: _____ **Date:** _____

Verbal: _____

Performance: _____

Other Information regarding cognitive performance: _____

Academic: *Please provide a copy of the most current evaluation report with this referral (WJIII, WISC, Speech Language evaluation, etc).*

Area	Grade Level	Source of information (WIAT, W-J, curriculum based assess. etc.)
Writing		
Reading		
Spelling		
Math		

Is the students' educational performance commensurate with their cognitive level? ☐ Yes ☐No

Speech Language Testing Scores:

1. Disability Characteristics:

a. What is the impact of the student's disability on his/her educational program?

b. How will technology help diminish the impact of the difficulty?

c. During what parts of the day will this student use the assistive technology?

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2. Accommodations & Modifications:

Please check the classroom modifications and adaptations have been tried to address this concern.

Accommodations:

For Reading:	**For Writing:**
☐ Not a concern	☐ Not a concern
☐ Peer-Adult reading assistance	☐ Extra time for written assignments
☐ High interest, low reading level materials	☐ Scribe by instructional assistant
☐ Increased time for completing reading	☐ Assisted note taking/peer note-taker on NCR
☐ Decreased length of assignment	☐ Webbing – concept mapping strategy
☐ Simplify complexity of text	☐ Personal copy of overhead/board materials
☐ Color coding to emphasize key points	☐ Alternative reduced formats (multiple choice
☐ Other _____	☐ Other:
For Spelling:	**For Math:**
☐ Not a concern	☐ Not a concern
☐ Personal or custom dictionary	☐ Peer/adult reading of problem
☐ Reduce number of spelling words	☐ Peer/adult recording of answer
☐ Peer/Adult assistance for difficult to spell words	☐ Reduce number of problems
☐ Problem word list	☐ Provide additional spacing between problems
☐ Increased time for completing assignments	☐ Provide additional time to complete task
☐ Avoid penalizing for spelling errors	☐ Change complexity of material
☐ Other: _____	☐ Other: _____
For Communication:	**For Listening:**
☐ Not a concern	☐ Not a concern
☐ Verbal prompts	☐ Preferential seating close to front board
☐ Interpreter	☐ Teacher proximity
☐ Modeling appropriate skills	☐ Elimination of extraneous noise
☐ Repetition of spoken answers	☐ Breaking directions into smaller steps/segments
☐ Additional response	☐ Provide a written outline of lecture
☐ Accepting shortened answers	☐ Use a peer note-taker to record notes in class
☐ Other: _____	☐ Other:
For Vision:	**For Organization:**
☐ Not a concern	☐ Not a concern
☐ Preferential seating close to front board	☐ Assignment sheet provided by peer/adult
☐ Increase size of print through photocopying	☐ Using notebook with folders divided by subject
☐ Increase spacing between lines of text	☐ Decreasing the amount of paperwork
☐ Increase spacing between words	☐ Emailing assignments into teacher
☐ Darker lines	☐ Day planner
☐ Personal copy of overhead/board materials	☐ Organizational time set up in daily schedule
☐ Alternate background/font color	☐ Other:
☐ Increased print/font size – Specify size: _____	
☐ Other: _____	
For Seating Positioning, and Fine Motor Access:	
☐ Not a concern	
☐ Slant board	
☐ Adaptive pointing device for typing	
☐ Other: _____	

Modifications:

Name of Method/Assistive Device/Equipment and/or Software	**How long did student use?**	**Was this device/equipment or software successful?**	
For Reading:			
Books on Tape/CD/MP3		☐Yes ☐No	Why:

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Colored overlays		☐Yes ☐No	Why:
Reading Window		☐Yes ☐No	Why:
Other:		☐Yes ☐No	Why:
For Writing/Spelling:			
Pencil grip - describe:		☐Yes ☐No	Why:
Adaptive Paper		☐Yes ☐No	Why:
Slant board		☐Yes ☐No	Why:
Tape recorder		☐Yes ☐No	Why:
Keyboarding class		☐Yes ☐No	Why:
Computer Word processing		☐Yes ☐No	Why:
Computer Word processing spell & grammar checks		☐Yes ☐No	Why:
Word processing with Auto Correct		☐Yes ☐No	Why:
Portable Word Processor *(Alpha Smart, PC 5)*		☐Yes ☐No	Why:
Handheld electronic spell checker		☐Yes ☐No	Why:
Other:		☐Yes ☐No	Why:
For Math:			
Modified paper *(graph paper, bold or raised line, enlarged, etc.)*		☐Yes ☐No	Why:
Talking calculator with speech out		☐Yes ☐No	Why:
Calculator with large print display		☐Yes ☐No	Why:
Calculator with large keyboard		☐Yes ☐No	Why:
Other:		☐Yes ☐No	Why:
For Communication:			
Picture communication boards		☐Yes ☐No	Why:
Speech enhancing devices		☐Yes ☐No	Why:
Voice output communication device		☐Yes ☐No	Why:
Other:		☐Yes ☐No	Why:
For Vision:			
Computer Accessibility Options: High Contrast Display		☐Yes ☐No	Why:
Computer enlarged pointer		☐Yes ☐No	Why:
Computer enlarged cursor		☐Yes ☐No	Why:
Computer enlarged icons		☐Yes ☐No	Why:
Colored background		☐Yes ☐No	Why:

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Glasses: ☐ for near ☐ for far		☐Yes ☐No	Why:
Other:		☐Yes ☐No	Why:
For Listening:			
Personal amplification system		☐Yes ☐No	Why:
Classroom sound field		☐Yes ☐No	Why:
Personal hearing aids		☐Yes ☐No	Why:
Other:		☐Yes ☐No	Why:
For Organization:			
Electronic organizer		☐Yes ☐No	Why:
Personal Data Assistant		☐Yes ☐No	Why:
Computer based electronic organizer *(Microsoft Calendar)*		☐Yes ☐No	Why:
Other:		☐Yes ☐No	Why:
For Seating, Positioning and Fine Motor Access:			
Adaptive seating and positioning		☐Yes ☐No	Why:
Adaptive tables and desk		☐Yes ☐No	Why:
Lap trays and equipment mounts		☐Yes ☐No	Why:
Computer keyboard keyguards		☐Yes ☐No	Why:
Adaptive/alternative keyboard		☐Yes ☐No	Why:
Adaptive/alternative mouse		☐Yes ☐No	Why:
Other:		☐Yes ☐No	Why:

3. Students current schedule:

Activity/Class	Start Time	End Time	Teacher / Room #	Access to Tech?	Concerns/Barriers
ARRIVAL					
DEPARTURE					

4. Additional Comments: