

Assistive Technology Referral Form
Washington County School District &
Utah Assistive Technology Team (UATT)

STUDENT:
AGE/DOB:
ADDRESS:
PHONE:
GRADE:

DATE:
PARENT/GUARDIAN:
SCHOOL:
SPECIAL ED CLASSIFICATION:

Referred By:

Teacher's email and phone:

Diagnosis:

Approximate Cognitive Functioning Level:

Program Placement:

Reason for Referral:

What do you hope to gain from this referral/assessment?

HEALTH CONCERNS:

Hearing status:
Visual functioning:
Seizures (frequency, duration, etc.):
Medications:
Overall health status:

Check all that apply:

- Child has difficulty with motor concerns? Complete sections 1 & 4.
- Child has difficulty with communication concerns? Complete sections 2 & 4.
- Child has difficulty with written communication? Complete sections 3&4.

Section 1: Motor Concerns:

1. How is the student positioned throughout the day?

2. If the student is in a wheelchair, what type and with adaptations?

3. Briefly describe gross motor functioning abilities (i.e. head and trunk control, mobility, skills [independent, some support, total support]).

4. Check items below that student can perform from his/her optimal position:

Accurate reach Accurate point Isolated finger movements
Cross midline with gaze Cross midline with hand

5. Which is the student's preferred hand: R L

6. Does the student maintain a steady gaze for 7 seconds?

Section 2: Communication Concerns:

1. List student's current means of communication and/or attempts to communicate and/or make needs known (i.e. signs, gestures, communication aide, symbol systems, vocalizations).

2. How successful are communicative attempts? Do you believe the student gets frustrated? Are there persons within this environment with whom the child may communicate effectively? Please describe.

3. Does the student indicate "yes" and "no"? If so, please describe.

4. Do you believe the student understands more than he/she is able to express? Why?

5. Are there activities in your class which you feel the student cannot participate in or participate equally in due to speech involvement? Please describe.

6. What would you consider the greatest obstacle for the student in terms of academic achievement? Please describe.

7. Check items below which students can identify (by pointing or looking) when named:

Object Photos Pictures Written Words Other (specify)

Section 3: Written Communication

Please attach: Writing samples including dictation (e.g. spelling test), visual copying (e.g. from the board), and creative writing.

Please check any of the following that impact the student's ability to meet (curriculum and/or IEP writing requirements:

- Illegible writing
- Grammar
- Spelling
- Organization (please explain)
- Sentence structure
- Vocabulary
- Visual problems
- Motor problems

1. List the student's current means of written communication.

2. How successful are written communicative attempts? Do you believe the student gets frustrated? Are some methods of writing more effective than others? Please describe.

3. Does the student have a way of completing assignments with little or no writing required? Please describe.

4. Are there activities in your class which you feel the student cannot participate in or participate equally in due to writing difficulties? Please describe.

5. What is the student's current keyboarding ability?

Speed of keyboarding: Poor Fair Good Excellent

Accuracy of keyboarding: Poor Fair Good Excellent

Is student faster using computer than manual handwriting? Yes No

Section 4: Other Important Information

1. What are the interests of the student?

2. What types of toys/hobbies does this student enjoy?

3. What motivates this student?

4. Other concerns and information you can share?

Send referral to:
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& Jacqueline Whitaker
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