Center for Accessible Technology

Assistive Technology Consideration Parent/Guardian Intake

Include:	Payment contract☐	Info exchange☐	Photo/video release☐	Most recent IEP☐	Recent assessment/progress reports ☐

Date of Referral:		Assistive Tech (AT)☐	Aug Alt Communication (AAC)☐	Combined AT&AAC☐
Student Name		Birthdate		Age
Address				
Parent/Guardian Name				
Phone		Email		
School Name		District		Grade

Home Helpers: Please share info about the people who support your student at home.

Name, title		Email, phone	
Name, title		Email, phone	
Name, title		Email, phone	

Please answer the following with detailed and specific information, including relevant disabilities.

What are your student's strengths and challenges to succeed in school?

Strengths	*Challenges*

Areas of Concern/Reason for Referral - What school tasks are difficult for your student to do?

What tools & strategies does your student currently use at school, and have any tools been tried & rejected?

Center for Accessible Technology

Current Performance

Reading:

Writing:

Organization:

Communication (include current modes of communication):

Recreation Leisure:

Seating, Positioning, Mobility:

Vision & Hearing:

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

Form completed by:	
Completion date:	