

Student \_\_\_\_\_

Campus \_\_\_\_\_

Teacher \_\_\_\_\_

Date \_\_\_\_\_

### ***Assistive Technology Pre-Referral Worksheet***

*The process of determining the need for Assistive Technology must be directly related to an identified task that the student is having difficulty completing and is required as part of his or her educational program.*

*With this in mind, you must document your responses to the following items prior to requesting an Assistive Technology Referral Packet. This form MUST be returned with your completed referral packet.*

***Please attach an additional page with responses, if necessary.***

1. Describe the task(s) you have identified that the student is having difficulty completing as related to the students IEP/educational need(s).
  
2. Describe strategies that have been implemented or tried (including the previous school year) that were specific to the identified task(s).
  
3. Who have you consulted with?

Regular Classroom Teacher	O&M
Speech Language Pathologist	V.I. Teacher
O.T.	A.I. Teacher
P.T.	Diagnostician or LSSP
Campus Assistive Technology Rep.	Other

What suggestions or recommendations were made related to the identified task(s)?

Which of the recommendations were implemented?

Which of these recommendations were not implemented and why?

4. If this student was previously seen by the Assistive Technology Team, list the recommendations that were included in the report. Which of the recommendations still need to be implemented or updated?

After working through this form, if your team would still like to pursue an Assistive Technology Evaluation from the District Level Team, please have the Assistant principal contact the ARD committee and e-mail Coral Wilkens Supervisor of intensive services and resources, the student's name, current grade level and whether the student is receiving services under special education for a Referral Packet