



Nacogdoches ISD
Assistive Technology Referral Form
Student Survey

Name: _____ Date of Birth: _____

Parents' Names: _____ Phone: _____

School: _____ Phone: _____

Teacher: _____ Grade Level: _____

Referral made by: _____ Date of Referral: _____

Person completing Section 1: _____ Phone: _____

Title: _____ Date: _____

Reason for referral:

Nature of disability: _____

Current placement: _____

Student Cognition/Academic

Intellectual Functioning Source: _____ Date: _____

Tests Given: _____

Has a vision and hearing evaluation been conducted? Yes No

What is the student's level of vision? _____

What is the student's level of functional hearing? _____

List assistive devices/adaptations the student currently uses.

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Have assistive devices/adaptations previously been considered and/or tried with the student but **not** implemented? What and why? (Please specify)

How might the student benefit from use of assistive devices or adaptations to enhance learning, participation and/or independence?

Comments:
