

Is this for equipment only?
Is this for Augmentative/Assisted/Alternative Communication? _____yes _____no
Dates of Inclusion Coach Consultation & Report: _____

Christina School District
Special Services
200 Tyre Avenue Newark DE 19711 302/454-2047
ASSISTIVE TECHNOLOGY REFERRAL

An AT referral may be necessary for one of two reasons, equipment or consultation. In either case, include the AT Referral Chart, supporting data, evidence of consultation with an Inclusion Coach, and a copy of the Implementation Plan. *Please remember that AT is not a Related Service. Also, any AT devices should be mentioned in the IEP by quality, not by vendor name.* Following an AT assessment, a subsequent Implementation Plan will be necessary.

The request for Assistive Technology assessment and/or equipment for students must come as a result of an IEP or 504 Team's meeting. This team shall:

1. complete the AT Referral chart (reverse)
2. consult with an Inclusion Coach
3. collect data, and
4. create an Initial Implementation Plan.

Samples and guidelines for all related forms and processes are available from the Assistive Technology website: www.christina.k12.de.us/assistivetechonology

Student _____ DOB _____ Date of Referral _____
School _____ Grade _____ Date Parents Notified of Referral _____
*List IEP or 504 team members present. Be sure to **circle** the name of the primary **teacher** or **contact person**.*

Environment where the student is having difficulty. (circle level of service: 504; Inclusion; REACH)

Tasks/objectives that the student is unable to perform at a level that reflects his/her abilities. (Use chart on reverse of this page).

Tools /devices/services that have been and may be considered (Use chart on reverse. A copy of accommodations page may also be attached for this purpose).

Rationale For Referral: *i.e.*, equipment only, as determined by IEP team, or Assessment?

Educational Diagnostician

Date