Student _____ Date _____School _____ NOTE: This should be completed by all team members working together.

***Assistive Technology Referral**, Special Services, Christina School District, Newark, DE.*

Student List the student's *strengths* and *challenges* as they relate to the requirements of the activity.	**Environment** Where is student having difficulty meeting the IEP objectives and/or other task?	**Task** With what is the student having difficulty? Be specific.	**Tools & Strategies** Identify means already tried to teach student this task. List all possible tech and non-tech supports that may help student perform the task.	**Initial Plan** 1. List baseline data needed 2. Create a timeline including date for Implementation Plan NOTE: List persons responsible for each step
Strengths: **Challenges:**		☐ IEP Goal/Benchmark ☐ Instructional Activity ☐ Other Task	**Already Tried** **Possibilities**	2. Give data to ED by _____ …. ED to send referral to Inclusion Coach by _____ …. Meet within 30 days to create Implementation Plan_____ …. If Device or A.T. eval are necessary, ED to send referral to AT by _____ …. Collect further data over 6 weeks time _____ (to be determined at Implementation Planning meeting)

☐ Is evidence (baseline and subsequent data) attached to referral?

adapted from: WATI's SAM (Wisconsin Assisitve Technology Initiative Environmental Observation Guide 9/98) and QIAT's SETT (Joy Zabala)
Boston Public Schools Access Technology Center, in collaboration with Maureen Dacey, MS, CCC-SLP, Easter Seals of Massachusetts

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