Referral/Question Identification Guide

Student's Name_____ Date of Birth_____ Age__

School_____ Grade_____

School Contact Person_____ Phone_____

Persons Completing Guide_____

Date_____

Parent(s) Name_____ Phone_____

Address_____

Student's Primary Language_____ Family's Primary Language_____

Disability (Check all that apply.)

- ❒ Speech/Language
- ❒ Significant Developmental Delay
- ❒ Specific Learning Disability
- ❒ Cognitive Disability
- ❒ Other Health Impairment
- ❒ Hearing Impairment
- ❒ Traumatic Brain Injury
- ❒ Autism
- ❒ Vision Impairment
- ❒ Emotional/Behavioral Disability
- ❒ Orthopedic Impairment – Type_____

Current Age Group

- ❒ Birth to Three
- ❒ Early Childhood
- ❒ Elementary
- ❒ Middle School
- ❒ Secondary

Classroom Setting

- ❒ Regular Education Classroom
- ❒ Resource Room
- ❒ Self-contained
- ❒ Home
- ❒ Other_____

Current Service Providers

- ❒ Occupational Therapy
- ❒ Physical Therapy
- ❒ Speech Language
- ❒ Other(s)_____

Medical Considerations (Check all that apply.)

- ❒ History of seizures
- ❒ Fatigues easily
- ❒ Has degenerative medical condition
- ❒ Has frequent pain
- ❒ Has multiple health problems
- ❒ Has frequent upper respiratory infections
- ❒ Has frequent ear infections
- ❒ Has digestive problems
- ❒ Has allergies to_____
- ❒ Currently taking medication for_____
- ❒ Other – Describe briefly_____

_____

Other Issues of Concern_____

Assistive Technology Currently Used (Check all that apply.)

- ❒ None
- ❒ Manual Communication Board
- ❒ Low Tech Vision Aids
- ❒ Environmental Control Unit/EADL
- ❒ Manual or Power Wheelchair
- ❒ Voice Recognition
- ❒ Low Tech Writing Aids
- ❒ Augmentative Communication System
- ❒ Amplification System
- ❒ Computer – Type (platform)_____
- ❒ Word Prediction
- ❒ Adaptive Input - Describe_____
- ❒ Adaptive Output - Describe_____
- ❒ Other_____

Assistive Technology Tried

Please describe any other assistive technology previously tried, length of trial, and outcome (how did it work or why didn't it work.)

_____ _____
Assistive Technology Number and Dates of Trial(s)

_____
Outcome

_____ _____
Assistive Technology Number and Dates of Trial(s)

_____
Outcome

_____ _____
Assistive Technology Number and Dates of Trial(s)

_____
Outcome

REFERRAL QUESTION

What task(s) does the student need to do that is currently difficult or impossible, and for which assistive technology may be an option? _____

_____

Based on the referral question, select the sections of the Student Information Guide to be completed. (Check all that apply.)

- ❒ Section 1 Seating, Positioning and Mobility
- ❒ Section 2 Communication
- ❒ Section 3 Computer Access
- ❒ Section 4 Motor Aspects of Writing
- ❒ Section 5 Composition of Written Material
- ❒ Section 6 Reading
- ❒ Section 7 Mathematics
- ❒ Section 8 Organization
- ❒ Section 9 Recreation and Leisure
- ❒ Section 10 Vision
- ❒ Section 11 Hearing
- ❒ Section 12 General