

**SPEED S.E.J.A. #802  
ASSISTIVE TECHNOLOGY  
ASSISTANCE/REFERRAL ID GUIDE**

- General Classroom – Complete Sections A & C**     **Student – Complete Sections A, B, and C**

**Section A:**

<b>Date of Referral:</b>	<b>Home District:</b>	<b>School Attending:</b>
<b>School Address:</b>	<b>Grade:</b>	<b>Teacher:</b>
<b>Contact Person:</b>	<b>Position:</b>	<b>Phone:</b>

**Section B:**

Student's Name:	Address:		
City:	Zip:	Birthdate:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Primary Language:	Primary Mode of Communication:		
Primary Disability:			
Parent/Guardian:	<input type="checkbox"/> Notification Date:	Phone:	
Referring Person:	Date:		
Referring Person's Address:	Phone:		
District Rep:	<input type="checkbox"/> Notification Date:		
 <b>Current Services:</b> <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> DHH <input type="checkbox"/> VI <input type="checkbox"/> S/L <input type="checkbox"/> Other: _____			
<b>Educational Placement:</b> <input type="checkbox"/> Reg. Ed. <input type="checkbox"/> Resource <input type="checkbox"/> Self-Contained <input type="checkbox"/> SPEED: _____ <input type="checkbox"/> Other: _____			
<b>Include in the Student Referral Packet:</b> 1. Current Case Study    2. Current IEP			

**Section C.**

<b>Purpose for Assistance/Referral:</b>																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>Assistive Technology Tried/Currently Using:</b></td> <td style="width: 20%;"><b>Date:</b></td> <td style="width: 20%;"><b>Outcome:</b></td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>	<b>Assistive Technology Tried/Currently Using:</b>	<b>Date:</b>	<b>Outcome:</b>																		
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<p><b>Select the sections of the Information Guide to be completed. (check all that apply)</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> General</td> <td></td> <td><input type="checkbox"/> Sec. 7    Math</td> </tr> <tr> <td><input type="checkbox"/> Sec. 1    Fine Motor Related to Computer                   Or Device Access</td> <td><input type="checkbox"/> Sec. 8    Recreation and Leisure/Activity of Daily                   Living (ADLS)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Sec. 2    Motor Aspects of Writing</td> <td><input type="checkbox"/> Sec. 9    Seating and Positioning</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Sec. 3    Composing Written Material</td> <td><input type="checkbox"/> Sec. 10    Mobility</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Sec. 4    Communication</td> <td><input type="checkbox"/> Sec. 11    Vision</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Sec. 5    Reading</td> <td><input type="checkbox"/> Sec. 12    Hearing</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Sec. 6    Learning and Studying</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> General		<input type="checkbox"/> Sec. 7    Math	<input type="checkbox"/> Sec. 1    Fine Motor Related to Computer Or Device Access	<input type="checkbox"/> Sec. 8    Recreation and Leisure/Activity of Daily Living (ADLS)		<input type="checkbox"/> Sec. 2    Motor Aspects of Writing	<input type="checkbox"/> Sec. 9    Seating and Positioning		<input type="checkbox"/> Sec. 3    Composing Written Material	<input type="checkbox"/> Sec. 10    Mobility		<input type="checkbox"/> Sec. 4    Communication	<input type="checkbox"/> Sec. 11    Vision		<input type="checkbox"/> Sec. 5    Reading	<input type="checkbox"/> Sec. 12    Hearing		<input type="checkbox"/> Sec. 6    Learning and Studying		
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**AT Intervention Recommended**

**Student's Needs Met**  
**CATT Periodic Review Date:** \_\_\_\_\_

# General Information

Student: \_\_\_\_\_ Referring Person: \_\_\_\_\_ Date: \_\_\_\_\_

**Are there any behaviors (both positive and negative) that significantly impact the student/classroom performance?**

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**Are there significant factors about the student/classroom strengths, learning style, coping strategies or interest that the team should consider?**

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**Are there any other significant factors about the student/classroom that the team should consider?**

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**Does student/classroom experience a change in performance at different times of the day?**

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