

**C.A.S.E.  
Assistive Technology Team  
Consultation Request**

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Date: \_\_\_\_\_ Person completing form: \_\_\_\_\_  
Student: \_\_\_\_\_ DOB: \_\_\_\_\_  
School/District: \_\_\_\_\_ Grade: \_\_\_\_\_  
School Phone: \_\_\_\_\_ Special Education Teacher: \_\_\_\_\_  
SLP: \_\_\_\_\_ OT: \_\_\_\_\_  
PT: \_\_\_\_\_ Social Worker: \_\_\_\_\_  
Vision Spec.: \_\_\_\_\_ Hearing Spec: \_\_\_\_\_  
APE: \_\_\_\_\_ PH Spec: \_\_\_\_\_  
School Psychologist: \_\_\_\_\_ Administrator: \_\_\_\_\_  
Language spoken at home: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Team Meeting (Day/Time): \_\_\_\_\_ Contact's email address: \_\_\_\_\_



Information needed prior to the Assistive Technology Team initiating this consultation.  
Please check when completed.

- Completion of this form signed by a Special Education Administrator
- Current IEP
- Most recent evaluation reports
- Outside reports if available
- Parent has been informed that a request for an AT Consultation has been completed.



The S.E.T.T. Framework is a guideline for gathering data in order to make effective assistive technology decisions. The S.E.T.T. Framework considers first, the STUDENT, the ENVIRONMENT(S) and the TASKS required for active participation in the activities of the environment, and finally, the system of TOOLS needed for the student to address the tasks.



**\*Please return to C.A.S.E. Main Office**

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