



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

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 in the 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.

