



COOPERATIVE ASSOCIATION for SPECIAL EDUCATION

22W600 Butterfield Road
Glen Ellyn IL 60137-6957

Voice or TTY (630) 942-5600
FAX (630) 942-5601

Jim Nelson
Executive Director

2011-2012 Assistive Technology Collaboration Process Privately Placed Students Cover Sheet

Before Collaboration

Step 1. Date of Request:

Step 2. Private Placement School Information:

Address

Phone

Contact Person

Contact Person Phone

Contact Person Email

Step 3. The Director and appropriate IEP team members have read and reviewed the Assistive Technology Collaboration request packet _____ (initials by District Special Education Director).

*Please contact Tricia Sharkey at tsharkey@casedupage.com with any questions regarding the AT request packet and necessary documentation.

The following should be completed and/or included in the packet:

- Pages 3-5 of packet are completed _____ (initials by District Special Education Director).
- Student's current IEP (including FBA/BIP if appropriate) _____ (initials by District Special Education Director).
- Additional relevant team or outside reports related to AT Collaboration Request are included _____ (initials by District Special Education Director).
- Student's current daily schedule is attached _____ (initials by District Special Education Director).

Step 4. Send all required documentation INCLUDING this "Cover Sheet":

Attention: Tammy Prentiss
C.A.S.E. Assistant Director
22W600 Butterfield Road
Glen Ellyn, Illinois 60137
630.942.5600
tprentiss@casedupage.com

Step 5. C.A.S.E. (Tammy Prentiss) will email district Administrator and C.A.S.E. AT Consultant with approval status within 5 days of receipt.

C.A.S.E. Collaboration Dec. 2011

Collaboration

Step 6. Request packet will be sent to Infinitec Collaborator by C.A.S.E.

Step 7. Infinitec Collaborator will contact both the District Administrator via email or phone, as well as the Private Placement contact to schedule initial visit.

Step 8. The Collaboration process will include an initial visit with identified team members; observation and work with student; and investigation of technology and strategies. The team will develop an Action Plan to trial suggested supports. The Action Plan will be sent to Tricia Sharkey, the District Administrator and the Private Placement contact.

Step 9. A follow up visit by Collaborator will take place to review the Action Plan and collected data.

Step 10. An Assistive Technology Collaboration Summary Report is generated by Infinitec and sent to C.A.S.E. (Tricia Sharkey).

Step 11. C.A.S.E. will distribute the Assistive Technology Collaboration Summary Report to the District Administrator. Upon receipt of report, the District Administrator must schedule an IEP meeting to review the outcome and update the student's IEP as appropriate (form 5 "Educational Accommodations and Supports").

Tricia Sharkey, Assistive Technology Consultant, at C.A.S.E. is available to attend the IEP meeting. Director should contact Tricia at tsharkey@casedupage.com to schedule this IEP meeting. (Available on Monday, Wednesday or Friday).

Step 12. A copy of the updated IEP should be sent to Tricia Sharkey at tsharkey@casedupage.com.

Step 13. Assistive Technology should be reviewed regularly; the team is encouraged to complete this process internally and on an ongoing basis.

Office Use Only:

Completed Packet:

Action Plan received

Collaboration Summary received

Outcome

IEP review of collaboration report completed

Strategy and/or AT documented in IEP (form 5 Educational Accommodations and Supports)

**It is the mission of CASE to collaborate as educational advocates for children with special needs
in order to provide appropriate and high quality educational programs and services.**



Infinitec Assistive Technology Coalition Center

7550 West 183rd Street * Tinley Park, IL 60477

Attn: Heather Miller

(708) 444-8460 ext. 243 * Fax (708) 444-4204

**REQUEST FOR INFINITEC COALITION SERVICES
COLLABORATION**

Coalition (check one): North Southwest West Mid-State Southern IL

Cooperative/Member Agency Name: **C.A.S.E.**

Member Agency Liaison Name: **Tammy Prentiss** Phone #: **630-942-5600, Ext: 211**

Assistive Technology Collaboration

Briefly describe reason for request.

Complete ***Student Information*** below and attach completed "Student Background Information" & "Student Current Performance" forms along with a copy of the student's current IEP.

****Student Information** Complete this section if requesting a collaboration or equipment rental.**

Student Name _____ Birthdate _____ Sex: Male Female

Teacher: _____ District of Residence: _____ District of Attendance: _____

District Address: _____ City/State _____ Zip: _____

School Attending Phone: _____

School Address: _____ City/State _____ Zip: _____

Referral Person: _____ Position: _____ Phone: _____

School Contact Person: _____ Position: _____ Phone: _____

Contact Email _____

Parent/Legal Guardian/Foster Parent: _____

Previous Infinitec Collaboration? Yes No

This signature below indicates my authorization for my student's agency/district to exchange information with Infinitec personnel.

Parent/Legal Guardian Signature Date

*Parent signature requested for equipment rental and required for collaboration.

Dist. Supt./Designee Signature Date

*District signature required prior to processing of request

Referring Person Signature Date

Coalition Liaison Signature (required) Date

*Liaison signature required prior to processing of request.

Infinitec Assistive Technology Coalition

Infinitec Assistive Tech Coalition Center * 7550 West 183rd Street * Tinley Park, IL 60477
Attn: Heather Miller * (708) 444-8460 x243 * Fax (708) 444-4204

Student Background Summary

Student **DOB** **Age**
Grade **School** **Fax number**
School phone **School contact person**
Contact Email
School address
Medical diagnosis:
Special Ed Eligibility:
Related Services received in school:
Description of placement: (please indicate % of day in each)

Medical history Please note any significant medical concerns/events which may impact the student's current abilities/status

Vision Date of student's last vision report:

Does student's vision interfere with the completion of daily activities?

Hearing Does the student have any apparent hearing difficulties which affect classroom participation/ performance?

Motor Control Does the student have any limitations in range of motion which affect his/her classroom performance?

Does the student have abnormal reflexes or muscle tone that affects his/her ability to control movements?

Is fatigue a factor in the student's day?

Describe the student's fine motor abilities (e.g., pencil grip, manipulating paper).

What writing is required in student's current placement? (essays, short answer, fill in the blank, etc.)

Mobility: What is the student's typical means of mobility? (if wheelchair, power or manual?)

Communication If the student uses verbal communication, how well is he/she understood?

If speech is limited, how does the student attempt to communicate?

How well does the student understand directions and conversation?

Behavior Does the student demonstrate any adverse reactions to things happening in his/her environment (aversion to touch, sound, etc.)? Please include FBA and BIP if applicable.

Please note any other factors related to the student and/or his/her environment that you feel are significant:

Infinitec Assistive Technology Coalition: Student Current Performance

Infinitec Southwest * 7550 W. 183rd St. * Tinley Park, Il. 60477 * Heather Miller * 708-444-8460 * Fax 708-444-4204

Student Name: School: Date:

Please confer with team members (parents, services providers, teachers, etc.) to complete this form.

Please highlight the student's strengths and challenges:

Please review the student's IEP goals and consider his/her daily activities to determine the primary areas of concern. Consider areas such as: writing, spelling, reading, math, study skills, communication, activities of daily living, recreation and leisure, pre-vocational/vocational activities, seating and positioning, and mobility. *****Please highlight one area of concern that is the greatest priority at this time. *****

What are the primary areas of concern for this student? (List one concern per box.)	During what time of the day (what class/activity) does this concern impede learning?	What time of the day does this take place?	What are the specific tasks that the student is expected to do during this time?	What has been tried during this time to assist the student in doing the task?	Other Comments
Example: Communication - asking/answering questions in class	e.g., social studies	e.g., 9:30 AM	e.g., ask questions for clarification, answer questions asked in class	e.g., teacher asks yes/no questions, have student point to response	e.g., can't ask questions at this time, pointing works OK, but seems she has more to say, items to point at not always available

*****PLEASE WRITE ONE SPECIFIC QUESTION YOU WOULD LIKE THE COLLABORATION TO ADDRESS*****
(this information is needed prior to scheduling the collaboration):

List team/role (include parent) members contributing to this report:

Phone: Preferred time of day for call:

*****Please attach the student's daily schedule and copy of the student's current IEP.*****