

Type of Referral: Individual Student

Teacher:		Grade:	
School:	District:	Does the student have an IEP? ☐ Yes ☐ No	Does the student have a 504 Plan? ☐ Yes ☐ No

Behavior Support	Academic Support
☐ Data Collection	☐ Curriculum Support/Modifications
☐ Modeling of Behavior Strategies	☐ Management of Materials/Organization
☐ Transitions	☐ Executive Functioning
☐ FBA/BIP Process	☐ Reinforcement Strategies
☐ Reinforcement Strategies	☐ IEP Goals

Background Information:

Best Times/Days of week to schedule a 10 minute Zoom or Teams meeting to discuss referral:

Names/Emails of Referral Source/Team	
Referring Name:	Email:
Building Admin:	Email:

Parent Contact Confirmation

Parent has been made aware of this Assistive Technology Request for Consultation submitted on behalf of their child's educational team, or Consent has been signed to initiate an evaluation. (Documentation attached)

Building Administrator Signature _____

District Director Signature

Date

Please return this form to:
Tricia Sharkey
Assistant Director, CASE
tsharkey@casedupage.com

Providing highly specialized services and expertise for children to achieve personal success in the educational environment.