

Assistive Technology (AT) Services Request Form

Request

Date	
Student (if applicable)	
School	
District	

Requester Contact Information

Name	
Email	

Services Requested

- Individual student consultation and/or evaluation (complete pages 2-4)
- Coaching for AT in the classroom, implementation
- Professional development
- Equipment maintenance and/or loan

Notes or Comments for AT Team

Please comment here on goals/needs for coaching, professional development, or equipment maintenance/loans.

Resident District Special Education Director Signature

Date

CASE Student AT Consultation/Evaluation Request

Type of Request

- Consultation
- Evaluation

For Evaluations Only:

- Domain paperwork has been completed
- Consent has been signed
- Date for IEP meeting, please include: _____

***Please include ALL domain paperwork with request**

Student Information:

Student:	
D.O.B:	
Resident District:	
Serving District:	
Medical Diagnosis:	
Special Education Eligibility:	
School:	
Grade:	
Parents/Guardians:	
Parent/Guardian Email:	
Home Language:	

Team Information:

Team Member:	Name:	Email Address:
Classroom Teacher		
Case Manager		
Speech Pathologist		
Occupational Therapist		
Physical Therapist		
Social Worker		
Vision Itinerant		
Hearing Itinerant		
APE Teacher		
School Psychologist		
Administrator		
Other		

Team Contact Person: _____
Team Meeting Date/Time: _____
Preferred Consultation Day/Time: _____

Request Information:

1. Reason(s) for Referral

- | | | |
|--|---|---|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Written Expression | <input type="checkbox"/> Motor Tasks (fine/gross) |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Organization | <input type="checkbox"/> Seating/Mobility |
| <input type="checkbox"/> Math | <input type="checkbox"/> Computer Access | <input type="checkbox"/> Rec/Leisure/APE |

2. Student Strengths (Please List)

3. Overview

To fill out the chart below, please review the student’s IEP goals to determine the area of concern regarding your assistive technology referral.

Identify the <u>SPECIFIC task</u> that is of greatest concern at this time, what is the greatest barrier to the student accessing his curriculum?	State the <u>environment</u> surrounding the concern (class/activity/time of day). When does this particular task impede academic growth?	Please list current <u>strategies, accommodations or assistive technology</u> being used to support the student.	Other comments:

4. Goals and/or Tools

Please explain what the team would like to get out of this consultation, list any specific tools that the team is interested in trialing.

5. 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)

Contact Person's Signature

Date

Submission Checklist:

Please be certain that the following items accompany this AT Request when sending to CASE.

- Current IEP
- Student daily schedule
- Outside reports relevant to this case
- Domain paperwork, when applicable

Please email request and accompanying paperwork to:

Tricia Sharkey
Assistant Director, C.A.S.E.
630-942-5600
tsharkey@casedupage.com

Thank you for the opportunity to support the students and staff in your district!