

Assistive Technology (AT) Services Request Form

Request

Date	
Student (if applicable)	
School	
District	

Requester Contact Information

Name	
Email	
Phone Number	

Services Requested

- Student AT Consultation (Please complete pages 2-4 below)
- Student AT Evaluation (Please complete pages 2-4 below)
- AT Implementation/Coaching
- Classroom AT Consultation
- Equipment Maintenance
- Training

Notes or Comments for AT Team

 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:	
School Phone:	
Parents/Guardians:	
Parent/Guardian Phone:	
Parent/Guardian Address:	

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. Areas of Concern

- | | | |
|--|---|---|
| <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

Please review the student’s IEP goals and objectives and consider his/her daily activities to determine the primary area of concern. Please complete the chart below with the area of concern that is of greatest priority at this time.

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. Confirmation of Request

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 send request and accompanying paperwork to:

Cindy D'Ambrosio
Assistant Director, C.A.S.E.
22W600 Butterfield Road
Glen Ellyn, Illinois 60137
630-942-5600
cdambrosio@casedupage.com

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