

# Assistive Technology Collaboration Process Privately Placed Students

## Cover Sheet

Date of Request: \_\_\_\_\_

Private Placement School Information:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person Phone: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

**Please ensure all of the following documentation is complete and included with this request:**

Request for Infinitec Coalition Services Collaboration (See p2 below) **Signature page must be completed**

Student Background Summary (See p4 below)

Student Current Performance (See p6 below)

Student's current IEP

Additional relevant team / outside reports

Student's current daily schedule

**Send all required documentation INCLUDING this "Cover Sheet":**

Attention: Tricia Sharkey  
CASE Itinerant Services  
1104 N Main Street  
Lombard, IL 60177  
630.629.2600  
tsharkey@casedupage.com

CASE will email district Administrator with approval status within 5 days of receipt.

Request packet will be sent to Infinitec Collaborator by CASE .

## Office Use Only

Date Received: \_\_\_\_\_

Revised: 02/10/2020



Infinitec

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:**      CASE

**Member Agency Liaison Name:**      Tricia Sharkey

**Phone #:**      630-629-2600

**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.

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**Parent/Legal Guardian Signature**

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**Date**

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

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**Dist. Supt./Designee Signature**

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**Date**

\*District signature required prior to processing of request

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**Referring Person Signature**

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**Date**

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**Coalition Liaison Signature (required)**

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**Date**

\*Liaison signature required prior to processing of request.



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# Student Background Summary

**Student Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**School Phone:** \_\_\_\_\_ **School Contact Person:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**School Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Medical Diagnosis:** \_\_\_\_\_

**Special Ed Eligibility:** \_\_\_\_\_

**Related Services Received in School:**

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**Description of Placement (please indicate % of day spent in each activity):**

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**Medical History (please note any significant medical concerns/events which may impact the student's current abilities/status):**

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<b>Vision</b>	Date of student's last vision report:	
	Does student's vision interfere with the completion of daily activities?	
<b>Hearing</b>	Does the student have any apparent hearing difficulties which affect classroom participation / performance?	
<b>Motor Control</b>	Does the student have any limitations in range of motion which affect his/her classroom performance?	

<b>Motor Control</b>	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.)	
<b>Communication</b>	If the student uses verbal communication, how well is he/she understood?	
	If speech is limited, how does the student attempt to communicate?	
	If speech is limited, how does the student attempt to communicate?	
	How well does the student understand directions and conversation?	
<b>Behavior</b>	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.	
<b>Other</b>	Please note any other factors related to the student and/or his/her environment that you feel are significant.	



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# Student Current Performance

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Date: \_\_\_\_\_

Please highlight the student's strengths and challenges:

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

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
<i>Example: Communication - asking/answering questions in class</i>	<i>e.g., social studies</i>	<i>e.g., 9:30 AM</i>	<i>e.g., ask questions for clarification, answer questions asked in class</i>	<i>e.g., teacher asks yes/no questions, have student point to response</i>	<i>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</i>

***\*\*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\*\****