

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, completed and reviewed the Assistive Technology Collaboration request packet _____ (initials by District Special Education Director). *Please contact Tricia Sharkey at <mailto: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: Cindy D'Ambrosio
CASE Assistant Director
22W600 Butterfield Road
Glen Ellyn, Illinois 60137
630.942.5600
cdambrosio@casedupage.com

Step 5 CASE (Cindy D'Ambrosio) will email district Administrator and CASE AT Consultant with approval status within 5 days of receipt.

Step 6 Request packet will be sent to Infinitec Collaborator by CASE

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 CASE (Tricia Sharkey).

Step 11 CASE 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 CASE is available to attend the IEP meeting. Director should contact Tricia at <mailto:tsharkey@casedupage.com> to schedule this IEP meeting.

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)



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: Cindy D'Ambrosio

Phone #: 630-942-5600

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.



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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:

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

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?	

Motor Control	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.)	
Communication	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?	
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.	
Other	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****