

**AMARILLO INDEPENDENT SCHOOL DISTRICT
SPECIAL EDUCATION DEPARTMENT
AMARILLO, TX**

REQUEST FOR ASSISTIVE TECHNOLOGY EVALUATION

Please attach a copy of the Notice & Consent signed by the parent for this evaluation.

Student's Name: _____ Grade _____ DOB _____

School _____ Teacher(s) _____

Referral is needed because: _____ ARD requested AT evaluation, due date of _____
_____ Initial evaluation to special ed., due date of _____

Special Ed. Disability (or Disabilities): _____

Describe Current Special Ed. Placement, Including Any Related Services: _____

Signature of Diagnostician or Speech-Language Therapist _____ **Date**

This referral is for: (Check all that apply)

- _____ **Academic & Learning Aids.** The [AT Evaluation Form](#) will be completed by the campus teacher(s) and diagnostician or speech-language therapist.
- _____ **Aids for Daily Living.** *Forward completed form to Turn Center.*
- _____ **Assistive Listening Devices.** *Forward completed form to REPD at ESC*
- _____ **Augmentative/Alternative Communication (AAC).** *Forward completed form to campus SLP-AAC contact.*
- _____ **Computer Access.** *Forward completed form to Turn Center.*
- _____ **Mobility Aids.** *Forward completed form to Turn Center.*
- _____ **Pre-vocational & Vocational Aids.** The [AT Evaluation Form](#) will be completed by the campus teacher(s) and diagnostician or speech-language therapist
- _____ **Physical Education.** *Forward completed form to Adapted PE teachers at Plains*
- _____ **Seating & Positioning.** *Forward completed form to Turn Center.*
- _____ **Visual Aids.** *Forward completed form to Vision teachers at Plains*

Complete only those sections that are applicable to this referral. Send completed form to the staff/ department listed.

Aids for Daily Living

Forward completed form to Turn Center.

Please describe any medical diagnosis or conditions the student has.

What difficulties related to daily living is the student experiencing in the school environment for which an assistive technology evaluation is needed? _____

What strategies, materials, equipment, accommodations or technology has the student already used to address the difficulties mentioned above? What interventions related to daily living skills is the student currently using? What are the results?

Summary of student's abilities and concerns related to daily living skills.

Assistive Listening Devices

Forward completed form to REPD at ESC

Please describe any medical diagnosis or conditions the student has, including description of hearing loss.

What difficulties related to hearing is the student experiencing in the school environment for which an assistive technology evaluation is needed? _____

What strategies, materials, equipment, accommodations or technology has the student already used to address the difficulties mentioned above? What current hearing-related interventions is the student using? What were the results?

Summary of student's abilities and concerns related to hearing. _____

Augmentative/Alternative Communication

Forward completed form to campus SLP-AAC contact

Please describe any medical diagnosis or conditions the student has, including description of expressive communication.

What difficulties related to expressive communication is the student experiencing in the school environment for which an assistive technology evaluation is needed?

What strategies, materials, equipment, accommodations or technology has the student already used to address the difficulties mentioned above? What current communication interventions is the student using? What were the results?

Summary of student's abilities and concerns related to expressive communication.

Computer Access

Forward completed form to Turn Center.

Please describe any medical diagnosis or conditions the student has.

What difficulties related to computer access is the student experiencing in the school environment for which an assistive technology evaluation is needed?

What strategies, materials, equipment, accommodations or technology has the student already used to address the difficulties mentioned above? What current computer access interventions is the student using? What were the results?

Summary of student's abilities and concerns related to computer access.

Mobility Aids

Forward completed form to Turn Center.

Please describe any medical diagnosis or conditions the student has.

What difficulties related to mobility is the student experiencing in the school environment for which an assistive technology evaluation is needed?

What strategies, materials, equipment, accommodations or technology has the student already used to address the difficulties mentioned above? What current mobility interventions is the student using? What were the results?

Summary of student's abilities and concerns related to mobility.

Physical Education

Forward completed form to Adapted PE teachers at Plains

Please describe any medical diagnosis or conditions the student has.

What difficulties related to physical education is the student experiencing in the school environment for which an assistive technology evaluation is needed?

What strategies, materials, equipment, accommodations or technology has the student already used to address the difficulties mentioned above? What current PE-related interventions is the student using? What were the results?

Summary of student's abilities and concerns related to physical education.

Seating & Positioning

Forward completed form to Turn Center.

Please describe any medical diagnosis or conditions the student has.

What difficulties related to seating and positioning is the student experiencing in the school environment for which an assistive technology evaluation is needed?

What strategies, materials, equipment, accommodations or technology has the student already used to address the difficulties mentioned above? What current seating and positioning interventions is the student using? What were the results?

Summary of student's abilities and concerns related to seating and positioning.

Visual Aids

Forward completed form to Vision teachers at Plains Blvd.

Please describe any medical diagnosis or conditions the student has, including acuity, field loss, etc.

What difficulties related to vision is the student experiencing in the school environment for which an assistive technology evaluation is needed?

What strategies, materials, equipment, accommodations or technology has the student already used to address the difficulties mentioned above? What current vision-related interventions is the student using? What were the results?

Summary of student's abilities and concerns related to vision.
