



Fayette-Greene- Washington
Intermediate Unit 1
One Intermediate Unit Drive
Coal Center, PA 15423-9642
Telephone 724-938-3241 Fax 724-938-8722
www.iu1.org

Charles F. Mahoney, Jr.
Executive Director

Referral Process For Assistive Technology

- 1) The REFERRAL FOR SUPPORT SERVICES form is completed by an appropriate IEP team member, indicating the Service(s) Requested, the Referral Source(s), and the Student Specific Information. The district LEA must sign the Referral Form and send it (with the appropriate Initial Intake Screening forms as well as any other pertinent information) to the Assistive Technology Secretary at IU1 Educational Campus at Laboratory, 99 Manse Street, Washington, PA 15301 for processing.

- 1) When a Pre-referral/Screening is requested:
 - a. The LEA/designee will notify the parents of the screening request for a particular area(s).
 - a. The LEA/designee sends REFERRAL FOR SUPPORT SERVICES form and any appropriate Initial Intake Screening forms to the AT secretary.
 - a. Upon receipt of the REFERRAL FOR SUPPORT SERVICES form, the AT secretary will stamp and date, and distribute to the appropriate Local Assistive Technology Consultant (LATC).
 - a. The LATC will review and summarize the Initial Intake Screening information and other pertinent information.
 - a. The LATC will make recommendations for consideration to the student's school-based team.
 - a. The school-based team will receive a summary report within approximately 12 weeks.
 - a. If a Short Term Loan is requested, the LATC will provide the school district with the necessary information and can assist in procuring the loan.
 - a. During the loan period, it is the school district's responsibility to gather data regarding the effectiveness of the loaner device, software, etc.

- 1) When a Consultation is requested:
 - a. LEA/designee is notified by parents of a need(s) identified by a physician, hospital or other provider and is requesting follow-up services
 - b. LEA/designee sends REFERRAL FOR SUPPORT SERVICES form and any appropriate Initial Intake Screening forms to designated IU personnel.
 - c. LATC will gather and summarize the screening information.
 - d. The school district will receive a summary report within approximately 12 weeks.

- 4) When a complete Evaluation is requested:
 - a. For an Initial Evaluation:
 - i. A copy of the signed Permission to Evaluate and the REFERRAL FOR SUPPORT SERVICES along with the appropriate Initial Intake Screening form and any other pertinent information is sent to the AT Secretary at the Laboratory Campus.
 - ii. The LATC assigned to the student's district will complete the evaluation and will submit a report to the IEP team for consideration and possible inclusion in the student's Evaluation Report. The report will make recommendations as to the student's need for assistive technology in order to access his/her general education curriculum.

- iii. The student's IEP team will consider the recommendation of the AT evaluation when developing the IEP. If needed, "assistive technology" will be checked under the "special considerations" section of the IEP and will then be reflected as specially designed instruction, supplemental aids and services, program modifications, supports for school personnel and/or incorporated into the student's IEP goals/objectives.
- b. For a Re-evaluation:
- i. The IEP team must meet and determine that there is a need for additional data and complete the Reevaluation Report and issue the Permission to Reevaluate Consent form.
 - ii. The LEA/designee will send the REFERRAL FOR SUPPORT SERVICES form along with the signed Permission to Reevaluate Consent form, RR and current IEP to the designated IU personnel for processing.
 - iii. The LATC assigned to the student's school district will complete the evaluation and will submit a report to the IEP team in order to complete the "Summary of Findings Interpretation of Additional Data" on the RR. The report will make recommendations as to the student's need for assistive technology in order to access his/her general education curriculum.
 - iv. The student's IEP team will consider the recommendations of the AT evaluation when developing the IEP. If needed, "assistive technology" will be checked under the "special considerations" section of the IEP and will then be reflected as specially designed instruction, supplemental aids and services, program modifications, supports for school personnel and/or incorporated into the student's IEP goals/objectives.

*If at any time during the Evaluation/Reevaluation process, the recommendation is made for a Short Term Loan, the LATC can provide information to and/or facilitate procuring the Short Term Loan through either PaTTAN, PIAT or the IU Loaner Library. During the loan period, it is the school district's responsibility to gather data regarding the effectiveness of the loaner device, software, etc.

Once the IEP team has determined that specific assistive technology is required by a student, it is the district's responsibility to fund the purchase of the assistive technology. Some options available for funding include:

1. The district can purchase the assistive technology with its own funds.
2. The district can be reimbursed through the education based access program
3. The district/IU can utilize ACCESS account funds.



REFERRAL FOR SUPPORT SERVICES

REVISED – OCTOBER 12, 2009

INTERMEDIATE UNIT I

Fayette-Greene-Washington

I. Service(s) Requested:

- | | |
|--|---|
| <input type="checkbox"/> Assistive Technology * | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Written Expression | <input type="checkbox"/> Speech/Language |
| <input type="checkbox"/> Augmentative Communication | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Assistive Listening (FM) | <input type="checkbox"/> Auditory Processing |
| <input type="checkbox"/> Vision Specific AT | <input type="checkbox"/> Social History |
| <input type="checkbox"/> Occupational Therapy * | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Physical Therapy * | <input type="checkbox"/> Other * (Specify) |

II. Referral Source(s):

- | | |
|--|-----------------------|
| <input type="checkbox"/> Pre-referral/Screening | |
| <input type="checkbox"/> Consultation (specify): _____ | |
| <input type="checkbox"/> Initial Referral (Permission to Evaluate) | Due Date: _____ |
| <input type="checkbox"/> Reevaluation (Permission to Reevaluate) | Due Date: _____ |
| <input type="checkbox"/> Transfer Student: _____ | School District _____ |
| <input type="checkbox"/> Chapter 15 | |
| <input type="checkbox"/> Chapter 16 | |

III. Student Specific Information:

Student: _____ D.O.B. _____ Grade: _____
 Parent/Guardian: _____
 Mailing Address: _____
 Phone (home): _____ (work): _____
 MA Eligible: Yes No
 MA# _____ PAsecureID _____
 School District of Residence: _____
 School Attending: _____ School Phone: _____
 Contact Person/Role: _____ Phone: _____
 Contact Person's Email Address: _____
 Teacher's Name: _____ Current Program: _____
 Teacher's Email: _____

*** LEA Signature (Required)**

Date

Approved By: _____

Supervisor

Date

Referred To: _____

Support Staff

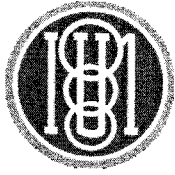
Date

Support Staff

Date

**NOTE: ALL Assistive Technology Referrals should be sent to: Assistive Technology Department, IUI
 Educational Campus at Laboratory, 99 Manse Street, Washington, PA 15301**

FOLLOW-UP NOTES:



Fayette-Greene- Washington
Intermediate Unit One Educational Campus at Laboratory

Assistive Technology
99 Manse Street
Washington, PA 15301
Phone 724-222-1040 FAX 724-228-1259

**ASSISTIVE TECHNOLOGY
INITIAL INTAKE SCREENING**

Identifying Information:

Student Name _____ Date of Birth _____ Age _____

Home School District _____

School Attending _____

Grade ____ If Kindergarten: AM PM

Arrival Time _____ Departure Time _____

School Address _____

Classroom Teacher _____

Email Address _____ Phone _____

LEA _____

Email Address _____

Phone _____ FAX _____

Date Form Completed _____

Person(s) Completing Form _____

Assignment (for office use only)

LATC

Date

Please answer the following questions to maximize the evaluation:

1. Description of need: _____
While at school, what does the student need to do that he cannot currently do?
BE SPECIFIC _____
2. Does the student have a disability? YES NO
If YES, please describe/list: _____
3. Does the student currently have an IEP? YES NO
IF YES...PLEASE ATTACH A COPY OF THE IEP AND ER/RR.
4. Describe the student's abilities:
Strengths: _____
Motor abilities: _____
Hearing: _____
Vision: _____
5. Does the student have any sensory concerns? (Example: tactile defensive/auditory/visual based) If YES, please explain. _____
6. How does the student communicate at this time and with whom? Complete for student's with verbal communication needs only. _____
7. What type of learner is the student? (Auditory, Visual, Tactile) _____
8. What are the unmet curriculum needs/IEP goals? (State any specific needs)

What activities does the student need to participate during the school day?

What skills are needed to participate in these activities?

What does the student want or need to say?

What curricular demands are placed on this student?

9. What methods/materials/accommodations have you employed so far?

10. If you feel assistive technology would be of benefit, what type are you seeking?
 Communication device Environmental Control
 Writing tools Vision
 Computer access (PC or Mac) Hearing
11. Does the student currently use any assistive technology? YES NO
If YES, please list: _____

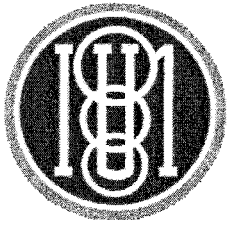
12. Are you aware if the student ever used assistive technology in the past? YES NO
 If YES, please list: _____

13. Does the student receive any support services? YES NO
 If YES, please check the services receiving:

- | | |
|--|---|
| <input type="checkbox"/> Speech/Language Support | <input type="checkbox"/> Vision Support |
| <input type="checkbox"/> Hearing Support | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Behavior Management |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Other: _____ |

Is there an IEP team in place at this time? YES NO
 If YES, check and list appropriate team members:

Check	Role	Name(s) print clearly
<input type="checkbox"/>	Student	_____
<input type="checkbox"/>	Parent(s)	_____
<input type="checkbox"/>	Speech & Language Pathologist	_____
<input type="checkbox"/>	Occupational Therapist	_____
<input type="checkbox"/>	Physical Therapist	_____
<input type="checkbox"/>	Behavioral Specialist	_____
<input type="checkbox"/>	Special Education Teacher	_____
<input type="checkbox"/>	Regular Education Teacher	_____
<input type="checkbox"/>	Paraprofessional	_____
<input type="checkbox"/>	Psychologist	_____
<input type="checkbox"/>	Teacher of the Visually Impaired	_____
<input type="checkbox"/>	Teacher of the Hearing Impaired	_____
<input type="checkbox"/>	Educational Audiologist	_____
<input type="checkbox"/>	Counselors	_____
<input type="checkbox"/>	Principal	_____
<input type="checkbox"/>	LEA	_____
<input type="checkbox"/>	Supervisor	_____
<input type="checkbox"/>	Agency Representative	_____
<input type="checkbox"/>	Therapeutic Staff Support	_____
<input type="checkbox"/>		_____



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Assistive Technology
99 Manse Street
Washington, PA 15301
Phone 724-222-1040 FAX 724-228-1259

ASSISTIVE TECHNOLOGY
Written Communication Needs Assessment

Student _____ Date _____

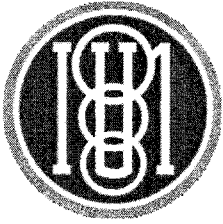
School _____

Teacher Completing Form

1. Does this student have difficulty with written work? yes no
2. What is the student's primary means of communication?
Manuscript (printing) Cursive Typing Other: _____
3. Approximately what percentage of the student's writing is legible?
4. Please check the areas of difficulty with handwriting:
Speed of writing: too slow too fast
Letter formation
Spacing between letters/words
Use of lines
Other: (specify)
5. What percentage of the student's written work contains correct spelling?
6. Is handwritten work completed in the same time frame as peers? yes no
7. Is endurance a problem with written work? yes no
8. Is the student able to copy from the board? yes no
9. Is the student able to copy from work on desk? yes no

Please check the type of work used during the school day, the approximate amount of time spent on this, and whether the student is successful in completing this type of written work:

Check √	Type of work	Amt of time	Successful Y or N
<input type="checkbox"/>	Fill-in-the-blank worksheets		
<input type="checkbox"/>	Short Answer (phrase/single sentence)		
<input type="checkbox"/>	Short in-class assignment (1-4 paragraphs)		
<input type="checkbox"/>	Reports or longer written assignments (more than 1 page)		
<input type="checkbox"/>	Note taking		
<input type="checkbox"/>	Written homework		



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Intermediate Unit #1 Educational Campus at Laboratory
Vision Assistive Technology
99 Manse Street
Washington, Pa 15301
Phone: 724-222-1040 Fax: 724-228-1259

VISION ASSISTIVE TECHNOLOGY
INITIAL INTAKE SCREENING

Student: D.O.B:

Home District:

District/Building Attending:

Grade: If Kindergarten AM PM

Arrival Time: Departure Time:

School Address:

School Phone:

Classroom Teacher:

Contact Person:

E-mail:

Phone Number:

Fax:

School Nurse:

E-mail:

Phone Number:

Date Form Completed:

Person(s) Completing Form:

Please answer the following questions to maximize the evaluation:

Does the student currently have an IEP? yes no

IF YES, PLEASE ATTACH A COPY OF THE IEP AND ER/RR

Please check appropriate team members and add their names if there is a team in place:

- Student:
- Parent(s):
- Speech & Language Pathologist:
- Occupational Therapist:
- Physical Therapist:
- Special Education Teacher:
- Regular Education Teacher:
- Paraprofessional:
- Psychologist:
- Teacher of the Visually Impaired:
- Orientation & Mobility Instructor:
- Teacher of the Hearing Impaired:
- Counselors:
- Principal:
- LEA:
- Other:

While at school, what does the student need to do that he/she cannot currently do?

Does the student have a disability? yes no

If yes, please describe.

Describe the student's abilities:

Strengths:

Vision:

What type of learner is the student? visual auditory tactile

What method or material accommodations have you employed thus far?

What assistive technology device(s), if any, does the student currently have?

What assistive technology device(s), if any, does the student currently use?

What are the pros and cons of those devices?

What type of assistive technology do you feel would be a benefit at school?

- computer access
- enlargement capabilities
- auditory access
- writing tools
- other:

Other information that you feel would be helpful when conducting the assistive technology evaluation: