

Troup County Schools
Assistive Technology Referral Form
Please complete this form and submit with the Parent Permission form to Jessica Morman, Exceptional Education Center.

Student Name: _____ **Age:** _____ **Date:** _____

Grade/Reg Ed Tchr: _____ **School:** _____

Parent/Guardian Name: _____ **Phone:** _____

Specific Reason for referral:

- | | |
|---|--|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Motor aspects of Writing | <input type="checkbox"/> Math |
| <input type="checkbox"/> Composing Written Material | <input type="checkbox"/> Learning/Studying |
| <input type="checkbox"/> Fine motor related to Computer/device access | |
| <input type="checkbox"/> Other: _____ | |

Current Exceptional Education Programs:

Current classroom setting:

- Regular Education Resource Room Self-contained
 Home Other: _____

Date of most recent vision screening and results: _____

Date of most recent hearing screening and results: _____

Results of most current Psychological testing (attach if applicable):

| | |
|--|--|
| Explain any behaviors that conflict with his/her learning: | |
| Describe student's cognitive/academic strengths: | |
| Describe student's cognitive/academic weaknesses: | |
| Describe student's motor functioning (include adaptive equipment, motor limitations, accessing options, therapies): | |
| Describe student's medical history and any concerns/diagnosis: | |

| | |
|--|--|
| Describe student's auditory perception/functioning: | |
| Describe student's visual perception/functioning: | |
| Describe student's current mode(s) of communication: | |

Current Assistive Technology:

- None Communication picture board/other visual supports
 Low Tech Vision Aids Aug Comm System
 Low Tech Math Aids Low Tech Reading Aids
 Low Tech Writing Aids Word prediction software
 Text reader(software/hardware) Personal computer
 Portable word processor Voice Recognition
 Adaptive input/output Other: _____

Assistive Technology Tried:

Outcome:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

What task(s) does this student need to do that is currently difficult or impossible, and for which assistive technology may be an option?

NOTE: Please attach relevant evaluations, copies of IEPs, or work samples that may be helpful in preparing for an evaluation.

Referral Submitted by: _____ (name) _____ (title)

DATE REFERRAL REC'D: _____ (initial)

SCREENING/OBS/EVAL SCHEDULED: _____