Assistive Technology Screening Request form

Current Date _____

Student Name _____ Student # _____

School _____ Date of Birth _____ Grade _____

Gender Male ☐ Female ☐ Caseload Manager _____

Exceptionalities _____ Date of Current IEP _____

Date of IEP Meeting held to discuss intervention needs: _____

Describe the **STUDENT**

What are the student's strengths and weaknesses?

STRENGTHS	WEAKNESSES

ENVIRONMENT (Describe the places that the student is being asked to participate that are difficult for them, for example, the classroom, hallways, lunchroom. What is available already in the environment for the student to use (adapted seating, pictures in the classroom)?

TASK (What does the team feel the student needs assistance with?)

The student needs assistance with:

- ☐ Writing
- ☐ Communicating
- ☐ Accessing the computer
- ☐ Reading

Comments:

What is the student unable to do – what is the related IEP goal(s)?

TOOLS (What has already been tried and what were the results?)	
Accommodations/ Tools	Results

(Below For District AT Team)

Screening Notes – Observer _____
Notes:
☐ School based interventions successful/team to document in IEP : ☐ School based evaluation needed: ☐ Recommend full referral for District Team Evaluation:
Responsible School based personnel for follow-up: