

2022-2023 Assistive Technology Assessment Student Referral Packet



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Student Information/Checklist

Date of Referral:		LEA:	
Student Name:			
Date of Birth:		Diagnoses:	
School:		Grade:	
Contact Person:		Title:	
Phone:		Email:	
Additional Person(s) Completing Packet:			
Name:		Email:	
Name:		Email:	

EASTCONN’s Assistive Technology Team adheres to the procedures outlined in this document for Assistive Technology Assessments. Before an assessment can be scheduled, all requested referral paperwork **MUST** be received. A complete referral packet consists of the following items:

- District’s signed permission to assess (ED627 or equivalent). Please note, this is **NOT** the same as the Release of Information form.
- Copy of the most recent IEP or 504 plan
- Copies of all relevant evaluations
- Work samples, **REQUIRED in all cases where a referral is related to writing**, including an explanation on the assignment and any modifications/support that were provided during the assignment. Please include any other work samples that would be beneficial to help understand the reasons for this referral.
- Student Information/Checklist
- Assistive Technology Information Grid
- Signed Parent/Guardian Release Page
- Packet mailed to 376 Hartford Turnpike, Hampton CT 06247 or emailed to Stefanie Bellavance at sbellavance@eastconn.org.

Assistive Technology Assessment Procedures

For non-consortium members, when the student information is received, EASTCONN will generate a fee-for-service contract, including potential cost range for the requested services. The contract will be sent to your district and **MUST** be returned prior to the initiation of the assessment. Once the fee-for-service contract is returned, a member of the EASTCONN AT Team will email the contact person designated on the Student Referral Packet with potential dates and times for the assessment. Consortium members are given priority scheduling. If the designated contact person does not respond within 5 school days, the dates will be released and may no longer be available. Before conducting the assessment, the evaluator(s) will review all materials provided and may request further information before the scheduled visit. For more information on becoming a Consortium Member, please visit www.eastconn.org/assistivetech or contact Amy Norton at 860-933-1826 or anorton@eastconn.org

Please note that at the time of the scheduled assessment, the EASTCONN evaluator(s) will need to:

- Meet with the student's team. For all assessments, it is important that there be the opportunity for the EASTCONN AT Specialist to meet with representatives from the student's team. In cases where access to the technology, placement and mounting, and student positioning are concerns, input from the occupational and physical therapist will be necessary.
- Observe the student performing the type of tasks to be addressed by the assessment.
- Trial potential solutions with the student. Trials may require a second visit to allow the AT Specialist to determine and prepare possible device options for trial.
- Prepare a written report within 30 days of completing the assessment.
- Present the assessment results at one PPT, cost of attending the PPT is embedded in the assessment fee.

Please note it will be necessary to consult the AT Specialist regarding availability prior to scheduling the PPT. The initial visit may require two or more hours and **CANNOT** be completed in the course of one class period.

Most assessments that do not involve AAC require one half day visit but there are those cases that are more complex and may require extended time and/or multiple visits and fees will be adjusted accordingly.

During the course of conducting trials, the evaluator(s) may wish to take photos or video, but only if it will not interfere with the assessment process.

EASTCONN will need signed parental permission in order to include this as part of the assessment process. Photos may be included in evaluation reports to provide team members with a visual of the trial process. Additionally, EASTCONN utilizes images within the Assistive Technology web pages and in marketing materials with parent permission only. Permission can be found on Page 9 (Parent/Guardian Release Page) of this packet.

Assistive Technology Information Grid

In order to help us meet your student's assistive technology needs in an effective and efficient manner, the EASTCONN Assistive Technology Team requests that you complete this Student Information Packet.

- 1. What academic tasks do you want the student to be able to do, or perform with greater independence, than (s)he is currently able to do? Please be as specific as possible.**

- 2. How is this student currently accomplishing this task, describe his/her performance and provide work samples, if appropriate. Please note: if this referral is related to handwriting or written composition, a work sample must be provided prior to the evaluation.**

- 3. Is the student currently or has the student previously utilized assistive technology to accomplish this task? If yes, please be specific about assistive technology that has been tried and the outcomes of that assistive technology usage. Yes No**

4. What type of training has staff received on how to utilize the assistive technology for this student?

5. What type of training has the student and family members received?

6. What is the comfort level of the staff, student and family members with using assistive technology?

7. Does the student use a computer, Chromebook, or other device? Yes No

Please give the specific make, model and operating system of the device(s). (Ex: MacBook Air with iOS 8.)

a. If yes, please indicate how the student accesses the computer:

N/A

Standard mouse

Adapted mouse or trackball, please specify: _____

Standard Keyboard

Alternative keyboard

(Please specify: Switch Touch Screen Other: _____

8. Does the student use an iPad/tablet? Yes No

Please give the specific make, model and operating system of the device(s). (Example: iPad Air with iOS 8.4.1.)

a. If yes, please indicate how the student accesses the iPad:

N/A

Standard touch

Stylus or Adapted Stylus, please specify: _____

Standard iPad Keyboard

Alternative keyboard, please specify:

Switch Accessibility Features, please specify: _____

9. If you answered Yes to questions 7 or 8 above, please detail the software, apps or extensions that the student is using to accomplish his/her academic task(s).

10. Other than the software, apps and extensions mentioned in question 9 above, what assistive technology tools and solutions are currently available in the district? Is the staff involved with this student familiar with these technologies?

11. Anticipated PPT Date: _____ (Please note: The PPT date needs to allow for the 30 days from the trials visit for the report to be finalized.)

12. If the team would like the evaluator(s) to provide follow-up training based on the recommendations of this assessment, please indicate below. Please note there is an additional fee for training.

- Follow-up training is requested
- Follow-up training is not requested
- Uncertain at this time whether follow-up training will be requested

13. Additional Comments:

Please make sure all steps are completed prior to sending:

- District's signed permission to assess (ED627 or equivalent). Please note, this is **NOT** the same as the Release of Information form.
- Copy of the most recent IEP or 504 plan
- Copies of all relevant evaluations
- Work samples, **REQUIRED in all cases where referral is related to writing**, including an explanation on the assignment and any modifications/support that were provided during the assignment. Please include any other work samples that would be beneficial to help understand the reasons for this referral.
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Parent/Guardian Release Page

This form is part of your student’s Assistive Technology Referral Packet. Please initial one choice for each section.

1. Authorization for Release of Information (Please Note: This authorization is NOT a permission to assess):	
	I hereby authorize EASTCONN’s Assistive Technology Team to obtain and/or disclose information/records relevant to this Assistive Technology Assessment.
	I do not authorize EASTCONN’s Assistive Technology Team to obtain and/or disclose information/records relevant to this Assistive Technology Assessment.

2. Photo/Video Release	
	I grant permission for photos and videos of my child to be taken, stored securely, and kept private for report writing purposes only.
	I grant permission for photos and videos of my child to be taken, stored securely, AND shared within my child's educational team via secure, password protected means.
	I grant permission for photos and videos of my child to be taken, stored securely, AND shared beyond my child's educational team (EASTCONN webpages, digital, and printed marketing and training materials)
	I grant permission for photos and videos of my child to be taken, stored securely, AND shared beyond my child's educational team (EASTCONN webpages, digital, and printed marketing and training materials)

3. Authorization to hold virtual meetings with my student’s educational team	
	I grant permission for EASTCONN to have a discussion with my student’s educational team pre- and post-assessment using a virtual platform.
	I do not grant permission for EASTCONN to have a discussion with my student’s educational team pre- and post- assessment using a virtual platform.

Parent/Guardian Signature

Date