



Referral/Question Identification Guide

Student's Name: _____ Date of Birth: _____ Age: _____

School: _____ Grade: _____

School Contact Person: _____ Phone: _____

Persons Completing Guide: _____

Date: _____

Parent(s) Name: _____ Phone: _____

Address: _____

Student's Primary Language: _____ Family's Primary Language: _____

Disability (Check all that apply)

- Speech/Language
- Cognitive Disability
- Traumatic Brain Injury
- Emotional/Behavioral Disability
- Orthopedic Impairment – Type: _____
- Significant Developmental Delay
- Other Health Impairment
- Autism
- Specific Learning Disability
- Hearing Impairment
- Vision Impairment

Current Age Group

- Birth to Three
- Middle School
- Early Childhood
- Secondary
- Elementary

Classroom Setting

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

Current Service Providers

- Occupational Therapy
- Other(s): _____
- Physical Therapy
- Speech/Language

Medical Considerations (Check all that apply)

- History of seizures
- Has degenerative medical condition
- Has multiple health problems
- Has frequent ear infections
- Has allergies to: _____
- Currently taking medication for: _____
- Other – Describe briefly: _____
- Fatigues easily
- Has frequent pain
- Has frequent upper respiratory infections
- Has digestive problems

Other Issues of Concern: _____



Assistive Technology Currently Used (Check all that apply)

- None
- Manual Communication Board
- Low Tech Vision Aids
- Environmental Control Unit/EADL
- Manual or Power Wheelchair
- Voice Recognition
- Adaptive Input – Describe: _____
- Adaptive Output – Describe: _____
- Other: _____
- Low Tech Writing Aids
- Augmentative Communication System
- Amplification System
- Computer – Type: _____
- Word Prediction

Assistive Technology Tried

Please describe any other assistive technology previously tried, length of trial, and outcome (how did it work or why didn't it work).

Assistive Technology	Number and Dates of Trial(s)
Outcome	
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REFERRAL QUESTIONS
What task(s) does the student need to do that is currently difficult or impossible, and for which assistive technology may be an option? _____

Based on the referral question, select the sections of the Student Information Guide to be completed.

(Check all that apply)

- Section 1 - Seating, Positioning and Mobility
- Section 2 – Communication
- Section 3 – Computer Access
- Section 4 – Motor Aspects of Writing
- Section 5 – Composition of Written Material
- Section 6 – Reading
- Section 7 – Mathematics
- Section 8 – Organization
- Section 9 – Recreation and Leisure
- Section 10 – Vision
- Section 11 – Hearing
- Section 12 - General