



Assistive Technology Consideration and Referral

Name of Student:	Grade:	Age:	Date of Referral
Current Diagnosis:	School:	School Contact:	Tool Requested:

Part 1 : Student Profile (Strengths & Areas of growth) We will require evidence when students are not at grade level (recent assessment data & anecdotal comments)

	Above Grade Level	At Grade Level	Below Grade Level	Significant Below Grade Level
Physical: (Health/Medical/Personal Care)				
Cognitive functioning:				
Academic Performance (Language Arts & Math):				
Communication (Articulation/Receptive & Expressive)				
Behaviour (Work habits/Problem solving/Independence):				
Motor skills:				
Social Competence: (Social skill & Adaptive behaviours)				
Sensory (Vision/Hearing/Sensitivity)				
Recreation & Leisure:				
Family (Ability to support the technology/Ability to afford technology):				

Part 2: Student Program Please Identify the specific tasks (Linked to IPP Goals& areas that would be supported using Assistive Technology Tool

Task 1:	
Task 2:	
Task 3:	

Additional Information You would like the Assistive Technology committee to consider (Strategies that you have tried):

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