

REQUEST FOR ASSISTIVE TECHNOLOGY  
DIAGNOSTIC/CONSULTATION

Date Submitted \_\_\_\_\_

IDENTIFICATION INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Grade \_\_\_\_\_

School District ~~Code~~ \* \_\_\_\_\_

School District /Building Attending \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Disability: (check all that apply)

- Speech/Language
- Learning Disability
- Hearing Impaired
- Visually Impaired
- Physically Impaired
- Other Health Impaired
- TBI
- Early Childhood Dev. Delay
- Austically Impaired
- Cognitive Impairment
- Severely Multiply Impaired

Classroom Placement:

- General Education Classroom
- With Teacher Consultant Assistanc
- With Paraeducator
- Resource Room
- Basic Classroom
- Center-Based
- Ancillary/Related Service Only

Extent of participation in general education: \_\_\_\_\_

Related services currently receiving:

- Occupational Therapy
- Physical Therapy
- Hearing Impaired Consultant
- Autism Consultant
- Visually Impaired Consultant
- Speech/Language
- Social Work
- Other: \_\_\_\_\_

Briefly describe this student's disability and the impact this has on his/her ability to access the general education curriculum? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you want this student to be able to do when using assistive technology?

\_\_\_\_\_  
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## CURRENT FUNCTIONAL STATUS

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**Academic Functioning (Reading/Writing levels):** \_\_\_\_\_

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**Movement (positioning, dexterity, range, strength, dependability):** \_\_\_\_\_

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**Vision:** \_\_\_\_\_

**Hearing:** \_\_\_\_\_

**Communication (Expressive and Receptive Skills, current forms of communication):**

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**Are there any other factors about the student that should be considered (e.g. behavior, dislikes, etc.)**

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**Are there significant factors about the student's strengths, learning style, coping strategies, or interests that should be considered?** \_\_\_\_\_

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**Environmental considerations (e.g. classroom; playground, lunchroom; home; availability of computer at home and at school; type of computer available; classroom layout; equipment portability issues):**

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**LCISD ASSISTIVE TECHNOLOGY: PLANNING WORKSHEET**

**STUDENT:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**List all areas of concern** - Mechanics of Writing, Composing Written Material, Reading, Seating & Positioning, Math, Expressive Communication, Receptive Communication, Vision, Hearing, Computer Access, Taking Notes, Taking Tests, Homework....

**What is the student HAVING TROUBLE DOING?** Describe the specific tasks and problems.

**What is the NEED/GOAL FOR THE STUDENT?** What would you like the student to do? What tasks does the student need to accomplish?

**List possible tools or modifications to the task:** For example, use (tool) of pencil grip or shortened assignment (task) *See Appendix resources*

**MONITORING at**  
When: (date start-end) \_\_\_\_\_  
Where: (class, thx, etc.) \_\_\_\_\_  
Who: (staff to train, supervise, etc.) \_\_\_\_\_  
Results/Outcome: \_\_\_\_\_