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| **DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA****DESERT/MOUNTAIN CHARTER SPECIAL EDUCATION LOCAL PLAN AREA**17800 HIGHWAY 18 • APPLE VALLEY, CA 92307(760) 552-6700 • (760) 242-5363 FAX**Assistive Technology Assessment Referral** |
| **STUDENT INFORMATION** |
| Student Name: |                      | Date of Birth: |       |
| Medi-Cal No: |       | Grade: |       | Gender: | [ ]  Male  | [ ]  Female |
| Disability: |       | Medical Diagnosis: |       |
| School Site: |       | Teacher Name: |       |
| District of Attendance: |       | District of Residence: |       |
| Parent/Guardian: |       |
| Home Phone: |       | Work Phone: |       | Other Phone: |       |
| Street Address: |       | City: |       | State: |       | Zip Code: |       |
| Mailing Address: |       | City: |       | State: |       | Zip Code: |       |
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| Current special education services/placement:       |
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| Time/day student can be observed performing skill/activity of concern:       |
| Contact Person: |  | Contact Phone: |  | Fax: |  |
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| **additional information required** |
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| 1. **Describe the following area(s) of concern:**
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| 1. *Switch Access:*
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| 1. *Computer Access:*
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| 1. *Augmentative Communication:*
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| **2. What question(s) is an Assistive Technology Assessment intended to answer?**       |
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| **3. Please mark the adaptive equipment currently being used:** |
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| [ ]  Wheelchair | [ ]  Leg Braces | [ ]  Stander | [ ]  Communication Device |
| [ ]  Crutches | [ ]  Computer | [ ]  Hand Splints | [ ]  Body Jacket |
| [ ]  Specialized Classroom Chair | [ ]  Switches | [ ]  Other: |       |

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| **Additional comments:** *(For example: emotional/behavior concerns; medical issues; hearing or vision impairments, etc.)*      |
| Referred By: |       | Title: |       |
| Contact Phone: |       | Email Address: |       |
| Special Education Director Signature: |       | Date: |       |
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| **Attach a copy of the student’s latest psychological report and current IEP and include any additional information such as doctor reports, speech/language reports, previous OT and/or PT reports, etc.****PLEASE NOTE: Incomplete referrals will be returned for completion and resubmission.** |