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# Assistive Technology Initial Referral Form

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Please complete this form by **typing** your answers; email the completed form to CETT. In addition, email to CETT the student's current IEP and recent assessments. Assistive Technology solutions are based on IEP goals and objectives.

Student Name: \_\_\_\_\_

Date Referral Made: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Teacher: \_\_\_\_\_

Age: \_\_\_\_\_

Contact Person: \_\_\_\_\_

School: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Grade: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Reason for Referral: What instructional areas/tasks does the student need to do that are currently challenging and for which assistive technology may be an option.

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What are the current methods you are using to address the areas of concern? (does not need to include technology).

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What AT tools both low tech and high tech have been tried and have they been successful? List specific software, apps, Chrome extensions, devices and paper based tools, (graphic organizers, picture supports etc.).

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What technology is currently available in the classroom/school setting? (Chromebooks, iPad, Mac / PC, hardware/software, smart phone, e-readers, communication supports etc.)

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Are there any specific tools or strategies that team member(s) feel strongly about and should be considered? Please list tool and team member.

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List specific outcomes you want to accomplish as a result this consultation

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What additional information do you believe is helpful for the consultant to know?

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Please provide us with the name and email address of the person or persons at the school who will be responsible for the implementation/data collection of the AT trial.

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Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Assistive Technology Services Requested

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- AT Evaluation:** includes observations, meeting w/staff, introducing tools to the student, a written report, and attending a TEAM meeting  
AT Evaluation Member Fee \$1,500  
AT Evaluation Non--Member Fee \$2,000  
**Anticipated Team meeting date for Evaluation:**

- AAC (Augmentative/Alternative Communication) Evaluation** *for students with complex communication needs/significant challenges with verbal communication:* includes observations, meeting w/staff, introducing tools to the student, a written report, and attending a TEAM meeting  
AT Evaluation Member Fee \$1,500  
AT Evaluation Non--Member Fee \$2,000  
**Anticipated Team meeting date for Evaluation:**

- Hourly Assistive Technology Consultation:** includes meeting w/staff, observation(s) of students as needed, option to borrow tools to use with student(s), summary notes of consultation.  
Member hourly consult rate: \$200 /hour  
Non--Member hourly consult rate: \$250 /hour

- Hourly AAC Consultation:** includes meeting w/staff, observation(s) of students as needed, option to borrow tools to use with student(s), summary notes of consultation.  
Member hourly consult rate: \$200 /hour  
Non--Member hourly consult rate: \$250 /hour

**Travel Rate:**

CASE Member districts (within CASE boundary):	<b>No Charge</b>
CASE Member districts (outside of CASE boundary only):	\$1.93 /mile
Non--Member travel rate:	\$1.93 /mile

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**All referrals require approval from the home district administrator. Please provide us with the name, email address, and signature of the home district administrator:**

Name: \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_

*When the completed form has been received at [cettteam@casecollaborative.org](mailto:cettteam@casecollaborative.org),  
CETT will send an email confirming receipt.*