

SOUTH SHORE REGIONAL SCHOOL BOARD

REFERRAL FOR ASSISTIVE TECHNOLOGY INFORMAL ASSESSMENT

Student's Name: _____	Date of Birth (D/M/Y): _____
School: _____	Grade: _____

Parent(s)/Guardian(s): _____

Address: _____

Phone: _____ (Home) _____ (Work) _____

Referred by: _____

Contact Person of School: _____ Phone: _____

Email: _____

Reason for Referral: _____

Goals for Technology Use: _____

Area of Need:

- Physical Communication Hearing Vision Cognitive
- Positioning and Seating Writing Reading Math Organization
- Recreation Activities of Daily Living

Student's Strengths: (Physical, Cognitive, Emotional)

Student's Needs: (Physical, Cognitive, Emotional)

Background Information:

Check supports this student has accessed:

- IPP IA BMP SLD SLP PST PSA
 Psychologist Guidance

Reading Recovery: Successfully Discontinued Unsuccessfully Discontinued

Other testing completed & results: (i.e Brigance, CELL)

AT used in the past (if applicable)

Setting for use of AT: Classroom Learning Centre Other: _____

Please note difficulties in the following areas where appropriate:

- Reading:** Letter Recognition Phonemic Awareness Phonological Sequencing
 Rhyming Sound/Symbol Correspondence Sight Word Recognition
 Background Knowledge Fluency Motivation Vocabulary
 Comprehension Memory
 Other:-
-
-

- Writing :** Fine Motor Skills Visual Skills Organization and Attention
 Written Expression / Mechanics Skills Spelling Skills
 Other:
-
-

- Math** Number Sense Problem Solving Reasoning Computation
 Geometry Spatial Measurement Patterns and Relationships
 Fractions and Decimals Word Problems
 Other:
-
-

Classroom Strategies Utilized to date to address the issues noted above:

What technology is available for the student's use within the school setting?

Other comments: -

Signatures:

Principal: _____ Date: _____

Copy to Cumulative File

SOUTH SHORE REGIONAL SCHOOL BOARD

**PARENT/GUARDIAN CONSENT FOR ASSISTIVE TECHNOLOGY
INFORMAL ASSESSMENT**

Student's Name: _____	Date of Birth (D/M/Y): _____
School: _____	Grade: _____

Parent(s)/Guardian(s): _____

Address: _____

I hereby give permission for _____ (student's name) to receive an assistive technology informal assessment.

I consent to _____ (student's name) receiving the above indicated Assistive Technology Informal Assessment, and I understand that the involved school staff may be consulted and will receive information regarding the results/services, which will then be shared with you as parents(s)/guardian(s).

Parent/Guardian _____ Date: _____