

TECHNOLOGY RESOURCES FOR EDUCATION (TRE) CENTER

Capital Region BOCES Special Education Division
Maywood School, 1979 Central Avenue
Albany, NY 12205

Tel.: (518) 464-6346; in NY: (800) 248-9873; FAX: (518) 464-6353

**ASSISTIVE TECHNOLOGY ITINERANT SERVICE
STUDENT TECHNOLOGY CONSULTATION REFERRAL FORM
INSTRUCTIONS**

For Non-BOCES Students:

1. **Please complete this form and appoint a contact person.** Type or print legibly and firmly with a dark pen.
2. Please obtain **the CSE/CPSE chairperson or authorized representative's signature** for approval. This signature is required for this referral to be processed.
3. Home school district keeps a copy and returns the original of this form to the TRE Center with signature.

For students placed in a BOCES program:

1. **Please complete this form and appoint a contact person.** Type or print legibly and firmly with a dark pen.
2. Make a copy and return the original of this form to your BOCES Supervisor for their review.
3. **The BOCES Supervisor will either:** (1) Return the form to the BOCES Team for additional information or services; or, (2) sign the form, and forward it form to the home school district's CSE/CPSE Chair, or designee.
4. **The CSE/CPSE Chair or their designee will:** (1) Review this referral, add additional information or comments, and sign the form, if approved; (2) Keep a copy and return the original of this form to the BOCES Supervisor with signature.
5. The **BOCES Supervisor** will send it to TRE Center.

REFERRAL REVIEW: This referral was reviewed by:

Name of **Team Contact Person**/Position

Signature / Date / Phone # / Best Time to be Called

BOCES Supervisor (If student is BOCES student)

Signature / Date

Other

Signature/ Date

****I understand that this service is prepaid through the district's participation in the TRE Center Assistive Technology Itinerant Service.**

**CSE/CPSE Chair or other
authorized representative (required)**

Signature (required)/ Date

I. REFERRAL DATA (Please complete appropriate information)

Student Name	/	Teacher	/	Teacher Phone		
Home School District	/	Grade	/	Date of Birth	/	Medical Diagnosis (if applicable)
Type of Program Placement	/	Location (School Building Name) of Program Placement				
Parent/Guardian	/	Home Address				
City, State, and Zip	/	Phone (h)	/	Phone (w)		

Student Team Members: (Name, Title and Telephone)

II. REASON(S) FOR REFERRAL:

- A. Presenting problems/difficulties in reaching educational goals:

- B. Description of goals/needs that could be assisted by technology: [Consider requirements of non-disabled students of the same age and determine how many could be completely or partially fulfilled by this student if s/he had access to appropriate assistive technology].

III. Medical Background

(Please include information regarding onset of disability, if the student has seizures, list of medications the student is currently taking. Also, attach any physicians' reports, as appropriate.)

IV. Student Background

Please describe the student's current level of functioning in the areas below. Please attach additional sheet(s) if necessary. If the student's IEP provides the information requested on this form, please state "refer to IEP" and attach a copy.

A. Cognitive abilities:

Briefly describe the student's current cognitive skills/abilities for the following: cause & effect relationships, matching, identification, categorization, sequencing, association, memory, comprehension, and learning style.

B. Academic levels:

Briefly describe the student's current skills/grade levels for reading, spelling, writing, and math.

C. Motoric abilities:

Briefly describe the student's current physical abilities. Include mobility (walks independently, uses walker, uses wheelchair), range of motion, strength, fatigue level, tactile sensitivity, and fine and gross motor abilities.

D. Sensory abilities:

Briefly describe the student's current visual and hearing abilities. For vision, include acuity, perception, field of vision and if the student wears glasses. For hearing, include auditory acuity, perception and use of any devices (e.g., hearing aids).

E. Communication skills:

Briefly describe the student's current communication skills, both receptive and expressive (include results of formal assessments, if applicable). Include how the student communicates with others (verbal, vocal, sign, gesture, language board, communication device), making requests, and indication of choices or preferences. If the student uses a language board or communication device, please indicate the symbol system (objects/tactile symbols, photos/colored pictures, line drawings, ideographs, Blissymbolics) and the symbol selection mode (direct selection, scanning, encoding, etc.).

F. Behavioral factors:

Briefly describe any **interfering behaviors** a student may have (e.g., perseveres beyond desired point, active resistance, passive resistance, manipulative behaviors, physical involvement such as tremors or spasticity, fatigue, self stimulation). Also **describe motivational factors or type of reinforcement** to which the student responds to. Categories may include: persons, foods, objects, activities, sound, other. (Example: the student likes praise from his teacher and/or aide.)

G. Technology:

Briefly describe student's history of technology use to address the problems/difficulties. Please note whether strategies were successful and include work samples as appropriate. (e.g., language board, switch, overlay, story written by student, spelling test)

V. School Environment

Please list all hardware, software, and peripherals this student may have access to in the building.