

WISD Assistive Technology Decision-Making Process

Form 1: Beginning the Process

Student's Name: Theresa Ronald
 Birthdate: 11-12-04
 School: Manchester Middle School
 IEP Eligibility: LD

Date of Referral: Nov 12, 2004
 Age: 10 Grade/Placement: 5th
 District: Manchester
 Referring person: Jane Smith, teacher

**Team Members: Please identify all team members involved with this student.
 Check names of those who will serve on the AT team.**

Phone:

- Parent/Caregiver: Sherry and Martin Ronald
- Teacher: Jane Smith
- T/C: Judy Margaret
- Parapro: _____
- OT: Oprah Taylor
- PT: _____
- Speech: Sally Syllable
- AT Consultant: Judy Margaret
- Psychologist: Paula Minder
- Social Worker: _____
- Administrator: Al Principal
- Other: Connie Caring, Counselor

Pertinent Medical/Physical Considerations:

- Health Problems
- Seizures
- Fatigue/Attention
- Fine motor
- Hand/arm use
- Other: _____
- Hearing
- Vision
- Behavior

Referral Question: What task(s) does the student need to do that is currently difficult or impossible, and for which assistive technology may be an option? _____
Can't handwrite adequately in the classroom, especially for long assignments

Based on the referral question, select areas of concern and check all areas that apply.

- Motor Aspects of Writing
- Fine Motor Related to Keyboarding, Computer or Device Access
- Composing Written Material
- Communication
- Reading
- Learning and Studying
- Math
- Recreation and Leisure
- Seating and Positioning
- Mobility
- Vision
- Hearing
- Environmental
- Other

Refer to the AT Guide for optional assessment tools for these areas if more information is needed.

Send copies of this form to: Building Principal/Supervisor Identified AT Team Members
 Special Ed Director Special Ed file/ca 60 Other _____
 Date Sent: 11/21/04 By: Judy Margaret