

# SPECIAL EDUCATION DISTRICT OF LAKE COUNTY

18160 W Gages Lake Road, Gages Lake, Illinois 60030-1819  
847-548-8470 Fax 847-548-8472 VP 224-207-8476  
www.sedol.us



**Valerie M. Donnan, M.Ed.**  
Superintendent

>i XJH 'Cfa YfcX'5 gga UbZA 'GZA 'G'9X"  
Öä^&q !Ä -ÄJ ^&äÄ^!ç&^•

## DISTRICT PROCEDURES FOR ASSISTIVE TECHNOLOGY REFERRAL PROCESS

The Assistive Technology Team (ATT) is a team of professionals with specialized training regarding assistive technology. The ATT is designed to support educational teams in determining what type of assistive technology can help the student with such issues as communication, access to his/her curriculum, written work production and determination of knowledge throughout the educational environment. They can assist the educational team by problem solving and modeling/implementing ways to use assistive technology throughout the student's day.

### How to Initiate a Referral

1. Educational team considers the use of AT to assist the student in at least one of the following areas:
  - Accessing student's physical environment
  - Communication
  - Accessing educational program and/or curriculum
  - Literacy
  - Written output
2. Prior to requesting a referral packet, the Educational Team contact person must obtain consent from the student's program supervisor/principal and district representative.
3. Educational Team contact [person obtains referral packet from the SEDOL website, [www.sedol.us](http://www.sedol.us)

#### AT Referral Packet Includes:

- Request for Referral (signed by District and Parent)
  - Parent Questionnaire
  - Educational Team Questionnaire
4. Send the completed referral packet to the AT office at SEDOL. It is suggested that Educational Team contact person retain a copy of these documents.
  5. A copy of the most recent FIE an IEP needs to be sent along with the AT Referral packet for students enrolled in a District Program.
  6. The AT administrative assistant, will coordinate possible dates for the AT meeting with Educational Team contact person.

The initial meeting will occur within 60 school days from when the consent was signed by the parents.

The following members will be invited:

- Student's family; if family is unable to attend meeting on identified date, other options for participation and/or communication will be offered (i.e. phone conference, follow-up on phone, etc.)
- District representative; will be notified of the meeting but can choose not to attend this initial meeting; ATT recommends district representative attend the funding meeting for approval of potential purchase.
- All appropriate educational team members listed on the IEP (those who work with student on the identified needs).

7. Educational Team contact person will make arrangements for a meeting room and substitute teacher (if needed).
8. Educational Team contact person will contact the AT Case Manager if the meeting needs to be canceled for any reason.
9. Following the initial AT meeting, an Action Plan will be written. Copies will be sent electronically to the member district special education coordinator and all educational team members listed on the AT referral paperwork. A hard copy will be sent to the family. The plan may include the projected follow-up date, based on discussion with team.

AT will communicate with Educational Team contact person, prior to the date of the planned follow-up meeting, to determine if the data indicates that the tool has been beneficial and might be added to the student's IEP. The funding meeting will always be an IEP meeting.

At least 10 calendar days in advanced of the IEP meeting, which usually is the funding meeting or end of trial meeting, the AT administrative assistant will send/email the IEP Meeting Invitation to family, district representative, program supervisor, and all members of the educational team that are listed on the original request for AT referral. District may choose to issue the PNC.

### **Role of the Assistive Technology Team (ATT)**

#### **Guidance:**

The SEDOL Assistive Technology Team (ATT) guides the educational team through a process that matches the student to a curriculum of technology tools and strategies from low to high tech that can facilitate access to the curriculum.

#### **SETT Process:**

Assistive Technology is identified through the SETT Process in which the Educational and AT Teams review the student, environments, tasks, and tools in the classroom to feature match and initiate trials of appropriate equipment or strategies.

#### **ATT Services:**

SEDOL ATT provides equipment, consultation, training and support during educational trials and the implementation of assistive technology in the classroom. Educational Team members determine the effectiveness of various tools and techniques following trial periods during which data is collected to measure success. After the Educational Team has selected the appropriate technology, the AT Team can assist in the funding process.

# SPECIAL EDUCATION DISTRICT OF LAKE COUNTY

18160 W Gages Lake Road, Gages Lake, Illinois 60030-1819  
 847-548-8470 Fax 847-548-8472 VP 224-207-8476  
 www.sedol.us



**Valerie M. Donnan, M.Ed.**  
 Superintendent

>i XJH 'Cfa YfcX'5 gga UbbZA 'G'ZA 'G'9X"  
 Ôa^&q !Á -ÁJ] ^&apÁ^!ç&^•

## REQUEST FOR ASSITIVE TECHNOLOGY REFERRAL

SEDOL STUDENT # \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SEX: \_\_\_\_\_

SCHOOL OF ATTENDANCE: \_\_\_\_\_ PHONE: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

PARENTS: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

PHONE # WORK (FATHER): \_\_\_\_\_ EMAIL (FATHER): \_\_\_\_\_

PHONE # CELL (FATHER): \_\_\_\_\_

PHONE # WORK (MOTHER): \_\_\_\_\_ EMAIL (MOTHER): \_\_\_\_\_

PHONE # CELL (MOTHER): \_\_\_\_\_

DISTRICT OF RESIDENCE: \_\_\_\_\_ LEA REP. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PROGRAM PLACEMENT:  General Ed  District Special Ed  SEDOL  SEDOL Itinerant Program

SERVICES PROVIDED:  Speech  D/HH  Pre Voc  LD Itinerant  Vision  Psychology  Social Work  
 Occupational Therapy  Physical Therapy  Other \_\_\_\_\_

LANGUAGE SPOKE IN HOME: \_\_\_\_\_ STUDENT'S PRIMARY LANGUAGE: \_\_\_\_\_

TRANSLATOR NAME: \_\_\_\_\_ D/HH INTERPRETER NAME: \_\_\_\_\_

**PLEASE INDICATE ALL EDUCATIONAL TEAM MEMBERS WHO ARE LISTED ON THE STUDENT'S IEP**

<u>NAME</u>	<u>TITLE</u>	<u>EMAIL</u>

Signature of Program Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of District Representative \_\_\_\_\_ Date \_\_\_\_\_

District Representative Email \_\_\_\_\_

# SPECIAL EDUCATION DISTRICT OF LAKE COUNTY

18160 W Gages Lake Road, Gages Lake, Illinois 60030-1819  
847-548-8470 Fax 847-548-8472 VP 224-207-8476  
www.sedol.us



**Valerie M. Donnan, M.Ed.**  
Superintendent

>i XJh `Cfa YfcX'5 gga UbbZA 'G'ZA 'G'9X"  
Öa^&q !Ä -ÄJ] ^&apÄ^!çæ^•

## DISTRICT STUDENT PROFILE FOR ASSITIVE TECHNOLOGY

Name of person reporting: \_\_\_\_\_

Role on the educational team: \_\_\_\_\_

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

**DISTRICTS:** Please send this completed AT Referral Packet, copy of the IEP, with most recent case study to the AT Coordinator at the SEDOL Administration Building.

### **SETT Process:**

Assistive Technology is identified through the SETT Process in which the Educational and AT Teams review the student, environments, tasks, and tools in the classroom to feature match and initiate trials of appropriate equipment or strategies.

### **Questions for the Educational Team**

**STUDENT** Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Check one:  IEP  504 Plan

List student's strengths:

List student's challenges:

Mark the area(s) of this student's performance that are of concern. Add comments below for specific areas.

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Composing written material | <input type="checkbox"/> Computer access      | <input type="checkbox"/> Learning/studying                |
| <input type="checkbox"/> Math          | <input type="checkbox"/> Curriculum adaptation      | <input type="checkbox"/> Mechanics of writing | <input type="checkbox"/> Mobility/Positioning/Gross Motor |
| <input type="checkbox"/> Vision        | <input type="checkbox"/> Organization               | <input type="checkbox"/> Study Skills         | <input type="checkbox"/> Spelling                         |
| <input type="checkbox"/> Attention     | <input type="checkbox"/> Other (explain below)      |   |   |

Please write out the student's IEP goal(s) that address these concerns.

**ENVIRONMENT**

Identify the type of classes (regular, resource, self contained) and the location where these goals are being addressed. Please note in each environment, the supports that are already in place and technology currently available for student in this location.

**TASKS**

Describe the student's current level of performance in the areas identified as a concern.

In the next year, what would you like to see this student learn to do that he/she is not already doing?

**TOOLS**

What has already been tried? How did the student's performance change as result of this strategy?

What didn't help? Why?

What technology (equipment/software/strategies) does this student currently use or used in the past? What was the success of these tools?

Describe features of any AT tools, devices or services that the team feels may assist the student with the tasks identified.

Are there any other special considerations that the team should be aware of?

# SPECIAL EDUCATION DISTRICT OF LAKE COUNTY

18160 W Gages Lake Road, Gages Lake, Illinois 60030-1819  
847-548-8470 Fax 847-548-8472 VP 224-207-8476  
www.sedol.us

**Valerie M. Donnan, M.Ed.**  
Superintendent

**>i XjH 'Cfa YfcX'5gga UbbZA 'G'ZA 'G'9X"**  
Director of Special Services

## DISTRICT STUDENT PROFILE FOR ASSISTIVE TECHNOLOGY

### Questions for the Parent/Guardian

(Please complete and return to your child's teacher)

#### STUDENT

Name of Parent/guardian: \_\_\_\_\_

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

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Check one:  IEP  504 Plan

Mark the areas of this student's performance that are concerns. Add comments below for these specific areas.

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Composing written material | <input type="checkbox"/> Computer access      | <input type="checkbox"/> Learning/studying                |
| <input type="checkbox"/> Math          | <input type="checkbox"/> Curriculum adaptation      | <input type="checkbox"/> Mechanics of writing | <input type="checkbox"/> Mobility/Positioning/Gross Motor |
| <input type="checkbox"/> Vision        | <input type="checkbox"/> Organization               | <input type="checkbox"/> Study Skills         | <input type="checkbox"/> Spelling                         |
| <input type="checkbox"/> Attention     | <input type="checkbox"/> Other (explain below)      |   |   |

#### TASKS

Describe your child's current level of performance in this area. What is he/she able to do? What tasks are challenging because of the disability?

#### TOOLS

Is your child currently using any adapted equipment, tools, or software at home when completing homework?  Yes  No Please explain.

In the next year, what would you like to see your child learn to do that he/she is not already doing?

Are there any other special considerations that the team should be aware of?

# SPECIAL EDUCATION DISTRICT OF LAKE COUNTY

18160 W Gages Lake Road, Gages Lake, Illinois 60030-1819  
847-548-8470 Fax 847-548-8472 VP 224-207-8476  
www.sedol.us

**Valerie M. Donnan, M.Ed.**  
Superintendent

**Judith Ormerod Assmann, M.S., M.S.Ed.**  
Director of Special Services

## PERFIL DEL ESTUDIANTE PARA TECNOLOGÍA ASISTIVA Preguntas para el Padre / Tutor

Por Favor complete y regrese al maestro(a) de su hijo(a)

### ESTUDIANTE

Nombre del Padre/Tutor: \_\_\_\_\_

Correo Electrónico: \_\_\_\_\_

Nombre del Estudiante: \_\_\_\_\_ Grado: \_\_\_\_\_ Escuela: \_\_\_\_\_

Marque uno:  PEI  504      Diagnóstico: \_\_\_\_\_

Marque las áreas de desempeño de este estudiante que son de preocupación. Agregue comentarios a continuación para estas áreas específicas.

- |   |  |                                       |   |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> Comunicación           | <input type="checkbox"/> Redactar material escrito | <input type="checkbox"/> Organización | <input type="checkbox"/> Acceso a la computadora                  |
| <input type="checkbox"/> Aprendizaje/estudio    | <input type="checkbox"/> Matemáticas               | <input type="checkbox"/> Atención     | <input type="checkbox"/> Adaptación Curricular                    |
| <input type="checkbox"/> Mecánicas de escritura | <input type="checkbox"/> Habilidades de Estudio    | <input type="checkbox"/> Lectura      | <input type="checkbox"/> Movilidad/Posicionamiento y Motor Grueso |
| <input type="checkbox"/> Ortografía             | <input type="checkbox"/> Otras (explique abajo)    |                                       |   |

### TAREA

Describa el nivel actual de desempeño de su hijo(a) en esta área. ¿Qué es lo que él / ella puede hacer? ¿Qué tareas son difíciles debido a la discapacidad

### HERRAMIENTAS

¿Está su hijo(a) actualmente usando equipo adaptado, herramientas, modificaciones o software en casa al completar la tarea? \_\_ Si \_\_ No

En el próximo año, ¿Qué le gustaría ver a su hijo(a) aprender a hacer que él / ella no está haciendo

¿Hay alguna otra consideración especial que el equipo debe saber?