

Procedures For Assistive Technology Referral Process

The Assistive Technology Team (ATT) is a team of professionals made up of Speech and Language Pathologists, Occupational and/or Physical Therapists, Assistive Technology Facilitators and/or teachers 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 demonstration 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 or internal SEDOL forms

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 and IEP needs to be sent along with the AT Referral packet **only** for students enrolled in a District program. For SEDOL students, this information will be retrieved through eSTAR.

6. **For non-SEDOL students:** The AT Case Manager will coordinate possible dates for the AT meeting with Educational Team contact person. Some districts choose to make their own scheduling arrangements.

For SEDOL students: The AT Case Manager will coordinate possible dates for the AT meeting with Educational Team contact person and family. Then the information will be sent to all related service members that are listed on the student's AT Referral Packet.

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
- Program supervisor for SEDOL students must attend all meetings
- All appropriate educational team members listed on the IEP(those who work with student on the identified needs)

10. Educational Team contact person will make arrangements for a meeting room and substitute teacher (if needed).

11. Educational Team contact person will contact the AT Case Manager if the meeting needs to be canceled for any reason.

12. At 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 sent to the family. The plan may include the projected follow-up date, based upon 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 advance of the IEP meeting, which usually is the funding or end of trial meeting, the AT Team 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.

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 continuum 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

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Valerie M. Donnan, M.Ed.
 Superintendent

Ann Gear, Au.D., CCC-A
 AT Program Coordinator

REQUEST FOR ASSISTIVE TECHNOLOGY REFERRAL

SEDOL STUDENT # (if applicable) _____

STUDENT NAME: _____ BIRTHDATE: _____ SEX: _____

SCHOOL OF ATTENDANCE: _____ PHONE: _____ GRADE: _____

SCHOOL ADDRESS: _____

PARENTS: _____ HOME PHONE # _____

ADDRESS: _____ CITY/ZIP CODE: _____

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 Hearing Impaired Pre-Voc LD Itinerant Vision Psychology Social Work
 Occupational Therapy Physical Therapy Other _____

LANGUAGE SPOKEN IN HOME: _____ STUDENT'S PRIMARY LANGUAGE: _____

TRANSLATOR NAME: _____ DHH INTERPRETER NAME: _____

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

NAME	TITLE	EMAIL
	ED TEAM CONTACT	
District Representative & Email:	Signature of District Representative:	Date:
	Parent Signature:	Date:

SPECIAL EDUCATION DISTRICT OF LAKE COUNTY

ASSISTIVE TECHNOLOGY TEAM

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Superintendent

AT Program Coordinator

STUDENT PROFILE FOR ASSISTIVE TECHNOLOGY

Name of person reporting:
Role on the educational team:
Email:

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 these specific areas

- Communication Composing written material Computer access
Learning/studying Math Curriculum adaptation
Mechanics of writing Mobility/Positioning/Gross Motor Reading
Vision Organization Study Skills
Spelling Attention 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 a result of this strategy?

What didn't help? Why not?

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?

Next Step

SEDOL: Please send this completed Referral Packet with the Parent Consent to the AT Coordinator at the SEDOL Administrative Building.

DISTRICT: 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.

**SPECIAL EDUCATION DISTRICT OF LAKE COUNTY
ASSISTIVE TECHNOLOGY TEAM**

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Superintendent

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AT Program Coordinator

ESTUDIANTE PERFIL PARA LA TECNOLOGÍA de ASISTENCIA

Nombre de los Padres: _____

Correo Electronico: _____

Nombre del Estudiante: _____

**Preguntas Para Los Padres
(Por favor responde y devuelve a la maestra)**

1. Marca las área/s de el desempeño de su hijo que el equipo quiere debatir:

Comunicación
Aprendizaje/estudio
Mecanicos de escritura
Vista

Redactar material escrito
Matemáticas
Posicionamiento y Asientos
Organización

Acceso a la computadora
Adaptaciones curricular
Lectura
Otras (explica debajo)

2. Describe el nivel de entrenamiento en ésta area. ¿Qué puede hacer? ¿Cuál tareas son difícil o imposible por la discapacidad?

3. ¿En qual ambientes experiencia dificultades? [por ejemplo, si la tarea es escritura, ¿que tipo de escritura causa dificultad y donde ocurre?]

4. ¿Qué se ha tradado para ayudar con esta problema? _____

a. ¿Qué ayudó? ¿Como cambió el rendimiento resultado de esta estrategia?

b. ¿Qué no funcióna y por que no?

5. ¿Qué tipo de tecnología usa su hijo actualmente? _____

6. En el próximo año, ¿qué te gustaría ver su hijo hacer que no está haciendo en tál día?

7. ¿Existen otras consideraciones especiales que el equipo debe ser consciente de?



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Superintendent

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AT Program Coordinator

**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 _____

Check one: IEP 504 Diagnosis _____

Mark the areas of this student's performance that are of concern. 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"/> Reading |
| <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, modifications, 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?