

Send completed referral to:  
 ATS Coordinator, ESS

**Section A:**

Please check type of referral:

Date Received by ATS: \_\_\_\_\_

|                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> IEP Referral | <p>For students on an IEP, please attach :</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Current IEP Coversheet</li> <li><input type="checkbox"/> Current copy of Prior Notice &amp; Consent for Evaluation reflecting assistive technology (New ATS evaluations, FM systems, and Augmentative Communication)</li> </ul> <p>(For equipment requests, please include one or both of the following):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Current IEP goals reflecting assistive technology request</li> <li><input type="checkbox"/> Current Special Factors/Special Features reflecting assistive technology request</li> <li><input type="checkbox"/> Current Modifications and Adaptations (if applicable)</li> <li><input type="checkbox"/> Ordering Information (if applicable)</li> </ul> |
| <input type="checkbox"/> 504 Plan     | <p>For students on a 504 Plan, please attach :</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Current 504 Personal Education Plan</li> <li><input type="checkbox"/> Current 504 list of Educational Activities reflecting assistive technology request</li> <li><input type="checkbox"/> Current copy of Prior Notice &amp; Consent for Evaluation reflecting assistive technology (New ATS evaluations, FM systems, and Augmentative Communication)</li> <li><input type="checkbox"/> Ordering Information (if applicable)</li> </ul>   |

Date: \_\_\_\_\_ Person completing this form: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Classroom Teacher: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

IEP Team Members : Please list names and titles: \_\_\_\_\_

Specify request:

Assistive Technology Evaluation:

  
  

Hardware:

  
  

Software:

**Person responsible for implementing this request:**

\_\_\_\_\_

\_\_\_\_\_

signature

I have read and support this request.

\_\_\_\_\_

signature of classroom teacher

For new referrals please complete section B

## Section B:

Briefly describe this student's disability and educational program:

What do you want this student to be able to do when using assistive technology?

Where will the equipment be used, and how often?

What types of assistive devices have been tried (e.g., augmentative communication, pencil adaptations)?

What was the length of assessment period for each device?

What was the outcome of using these devices?

Which classroom modifications and adaptations have been tried to address this concern?

Additional comments: