

# **Assistive Technology Evaluation Referral Packet**

**Assistive Technology Services  
Advancing Opportunities  
Formerly Cerebral Palsy of New Jersey**

- ◆ **Submit these forms:**
  - Student Referral form, with attachments
  - AT Evaluation Questionnaires  
(Teacher & Aide, OT, and Parent)
  
- ◆ **Review responsibilities in the cover letter**

**Questions? Call Judy Nigl:  
888-322-1918, x595.**



1005 Whitehead Road Extension, Suite 1, Ewing, NJ 08638  
 Voice: 609-882-4182 Fax: 609-882-4054  
 TTY: 609-882-0620 Toll Free: 888-322-1918  
 Online: www.cpfnj.org

**Executive Director**  
 Jack M. Mudge  
**President, Board of Directors**  
 Michael J. Scheiring

**Cerebral Palsy of New Jersey**

To the Child Study Team Case Manager:

Assistive Technology evaluations are a team process. That means we do not do this alone—we need to work with the IEP team. Here's an outline of what we will need to begin.

Before the Evaluation

- Decide what you expect the student outcome to be for the evaluation**  
 “What would you like to see the student do, that they cannot do now?”
- Identify related goals from the student’s IEP**

**Step 1: Intake and Pre-Evaluation**

<b>Our Responsibilities</b>	<b>Your Responsibilities</b>
Background information is gathered from IEP team members	Send: <ul style="list-style-type: none"> <li><input type="checkbox"/> Student Referral form, with attachments</li> <li><input type="checkbox"/> AT Evaluation Questionnaires (Parent, Teacher &amp; Aide, OT)</li> </ul>
Evaluation is scheduled. Outline of Eval: <ul style="list-style-type: none"> <li>◆ <u>Team Meeting</u>: 30 minute meeting with IEP team</li> <li>◆ <u>Observation</u>: 15-30 minutes, in class</li> <li>◆ <u>Evaluation</u>: 2 hours, with student, and at least 1 school staff person</li> <li>◆ <u>Wrap-up</u>: Meeting with at least yourself, to discuss findings and next steps.</li> </ul>	Arrange for team members to be available <ul style="list-style-type: none"> <li><input type="checkbox"/> For Team Meeting                (parent, yourself, speech therapist, at least 1 teacher, and any other members who would be implementing recommendations)</li> <li><input type="checkbox"/> At least 1 staff person to work with us during the 2 hour evaluation.                (person who will be most involved in implementing recommendations)</li> </ul>

**Step 2: Day of the Evaluation**

<b>Our Responsibilities</b>	<b>Your Responsibilities</b>
As outlined above.	Arrange for rooms for: <ul style="list-style-type: none"> <li><input type="checkbox"/> Team meeting, and</li> <li><input type="checkbox"/> Evaluation itself (can be same room)</li> </ul>

208 White Horse Pike, Suite 12, Barrington, NJ 08007 (856) 310-0214 • 202 Route 50, Corbin City, NJ 08270 (609) 628-0040  
 43 Newburgh Road, Suite 200, Hackettstown, NJ 07840 (908) 813-8292 • 163 East Main Street, Little Falls, NJ 07424 (973) 237-0983  
 P.O. Box 4276, Metuchen, NJ 08840 (732) 548-1110

Cerebral Palsy of New Jersey is CARF Accredited in Community Employment Services and has been recognized by the New Jersey Department of Education as a "Registered Professional Development Provider."  
 Cerebral Palsy of New Jersey is a 501 (c) (3) non-profit corporation.

### Step 3: After the Evaluation

Our Responsibilities	Your Responsibilities
Our report will be sent to you within 2 weeks.	<ul style="list-style-type: none"><li><input type="checkbox"/> Decide whether you wish to approve recommended assistive technology and technical assistance</li><li><input type="checkbox"/> Return Student Referral form to arrange for technical assistance and begin the implementation process</li></ul>

### Next Steps: Implementing and Supporting Assistive Technology in the Classroom

Obtaining the assistive technology is just the beginning. Once you've made the decision to order the assistive technology, then **please contact us** to begin the implementation phase.

Implementation begins with a written action plan that provides detailed information about how the assistive technology will be used in specific educational settings, what training and support are needed, and who will do it.

If you have any questions, please don't hesitate to give me a call: 888-322-1918, x595, or e-mail me: [jnigl@cpofnj.org](mailto:jnigl@cpofnj.org)

Sincerely,

Judy Nigl  
Administrative Assistant  
Assistive Technology Services

# Student Referral for Assistive Technology Services To Advancing Opportunities

School District: \_\_\_\_\_ Date: \_\_\_\_\_

This request has been approved by the Director of Special Services (or authorized signer), based on contract with Advancing Opportunities, effective from \_\_\_\_\_ to \_\_\_\_\_.

**Signature or initials:** \_\_\_\_\_ **PO # is required:** \_\_\_\_\_

**-Please use black ink-**

**Student** (One form per student, please. If service is not for a particular student, leave blank.)

<b>Name:</b>		<b>Grade:</b>	
<b>Parent/Guardian Name:</b>	<b>Relationship:</b>		
<b>Home Add:</b>			
<b>City:</b>	<b>State:</b> <u>NJ</u>	<b>Zip:</b>	<b>County:</b>
<b>Phone:</b>			
<b>E-Mail:</b>			
<b>DOB:</b>	<b>Gender:</b>	<b>Disability:</b>	

## Child Study Team Case Manager

<b>Name:</b>			
<b>Address:</b>			
<b>City:</b>	<b>State:</b> <u>NJ</u>	<b>Zip:</b>	
<b>Phone #:</b>	<b>Fax:</b>		
<b>E-Mail:</b>			
<b>Send Satisfaction Survey by:</b>	<input type="checkbox"/> <b>E-Mail</b>	<input type="checkbox"/> <b>Mail</b>	

**Service Requested** (please choose Evaluation **OR** Support/Training)

<input type="checkbox"/> <b>Evaluation</b> ( <i>select AAC or AT</i> ) <ul style="list-style-type: none"> <li><input type="radio"/> <b>Augmentative Communication (AAC)</b> (AAC Evaluation Packet <b><i>must</i></b> be returned) low-tech and high-tech aids to communication using symbols (objects, photos, illustrations, words) Or</li> <li><input type="radio"/> <b>Assistive Technology (AT)</b> (AT Evaluation Packet <b><i>must</i></b> be returned) all other evaluations, including computer access, technology to support reading and writing, educational accomm., accessibility, etc. _____ # Travel Hours</li> </ul>	<input type="checkbox"/> <b>Support/Training</b> <b>2 hour minimum per visit</b> (called "Technical Assistance;" can include assistance with set-up, training, integrating device use into classroom) <ul style="list-style-type: none"> <li><input type="radio"/> <b>Augmentative Communication</b> Or</li> <li><input type="radio"/> <b>Assistive Technology</b> _____ # Service Hours _____ # Travel Hours</li> </ul>
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**What would you like to see the student do, that they cannot do now?**


<b>School:</b>			
	<input type="checkbox"/> <b>District School</b>	<input type="checkbox"/> <b>Out-of-District School</b>	
<b>Principal:</b>			
<b>Address:</b>			
<b>City:</b>	<b>State:</b> <u>NJ</u>	<b>Zip:</b>	
<b>Phone #:</b>			

**Key School Staff** (i.e., teacher, aide, therapists; people who would implement recommendations)

Title	Name	Phone #	E-mail
Special Ed Teacher			
Occupational Therapist			
Speech Therapist			

**Additional information we should know:**


**To make a referral:**

Step 1: Get authorization for service from Director of Special Services;

Step 2: For Evaluations, mail PO, current IEP, relevant reports, and an AT or AAC Evaluation Referral Packet;

If you do not have an AT or AAC **Evaluation Referral Packet**, please call 888-322-1918, x 595 or go to [www.assistivetechologycenter.org](http://www.assistivetechologycenter.org) and click on the "Referral Forms" menu on the left. Click on "All Forms Page."

Step 3: Complete this form and mail or fax it to:

Advancing Opportunities  
 Attn: ATS Administrative Assistant  
 1005 Whitehead Road Ext, **Suite #1**  
 Ewing, NJ 08638  
 (f) 609-882-4054

The child study team case manager will be contacted in order to gather further background information, confirm all the people involved, and schedule services.  If you have any questions, please give us a call: 888-322-1918, x595.
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**For Advancing Opportunities Staff Only:**

<i>Primary Staff Contact:</i>		<i>Tracking #:</i>
<i>Service Type:</i>	<i>Service Subject:</i>	
<i>Service Location:</i>	<i>Source: <u>FFS-School</u></i>	