

Student Referral for Assistive Technology Services To Advancing Opportunities

School District: _____

Date: _____

- Please use black ink -

PO # is required: _____

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

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

Child Study Team Case Manager

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

Service Requested (please choose **ONE** from each line)

<input type="checkbox"/> Evaluation (Eval Packet required) Hands-on and on-site, we work with the IEP team to help determine what technology would support the student in meeting their goals, _____ # Travel Hours	<input type="checkbox"/> AT Consult (Consult Packet required) A consultation through web conferencing to assist IEP teams to understand their assistive technology choices.	<input type="checkbox"/> Support/Training (2 hour minimum per visit) Also called "Technical Assistance;" can include assistance with set-up, training, integrating device use into classroom. _____ # Service Hrs _____ # Travel Hrs
<input type="radio"/> Augmentative Communication (AAC) Low-tech and high-tech aids to communication using symbols (objects, photos, illustrations, words).	<input type="radio"/> Assistive Technology (AT) All other evaluations, including computer access, technology to support reading and writing, educational accommodations, accessibility, etc.	

What would you like to see the student do, that they cannot do now?

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

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 and PO for service from Director of Special Services;

Step 2: For Evaluations and Consults, mail current IEP, relevant reports, and an AT or AAC Eval or Consult Packet;

If you do not have an AT or AAC **Eval or Consult Packet**, please call 888-322-1918, x 595 or go to www.assistivetechnologycenter.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.

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>	