

# **ASSISTIVE TECHNOLOGY REFERRAL PROCESS**

# *Table of Contents*

## *Tab 16 Assistive Technology Referral Process*

- **Assistive Technology Procedures.....16-1**
- **Assistive Technology Consideration Checklist.....16-4**
- **Assistive Technology Assessment Site Check List.....16-7**
- **assistive tech-loan form.....16-8**
- **assistive tech return form.....16-9**
- **Books on Tape-CD loan form.....16-10**

# ANTELOPE VALLEY UNION HIGH SCHOOL DISTRICT

## ASSISTIVE TECHNOLOGY PROCEDURES

Assistive technology should be thought of as any technology that enables an individual with a disability to compensate for specific deficits. In some instances, the technology may assist or augment task performance in a given area of the disability, while in others it is used to “bypass” specific deficits entirely. Assistive technology is not aimed at “curing” or “fixing”, or remediating; rather, it is used as a strategy to compensate for, or circumvent, areas of difficulty, generally, by “playing to” an individual’s area of strength. Assistive technology is not intended to teach or instruct, although it can be used to increase access to instruction. (Butte County Office of Education)

### Procedures:

Consultation may always be requested without asking for a formal assessment by contacting the district’s Assistive Technology Evaluator.

1. An IEP is held to determine whether or not an assistive technology evaluation needs to be conducted. The IEP team must complete the *Assistive Technology Consideration Checklist* during the IEP to determine if an evaluation needs to take place. This document should be included as part of the IEP. **A nurse must be in attendance at any IEP when Assistive Technology is a consideration for a student who has a severe medical or physical impairment.** A statement of the areas of concern should also be included in the narrative of the IEP.
2. If it is determined after completing the *Assistive Technology Consideration Checklist* that an evaluation needs to be conducted, the case carrier will need to have the parent sign an assessment plan, giving permission to have their child evaluated. A copy of the signed assessment plan and a *copy of the student’s IEP* should be sent to the Program Specialist assigned to your school at the Student Services Office. A copy of all documents should be kept in the student’s file.
3. The Technology Specialist will review the paperwork and send the request to the appropriate assessor.
4. The Assistive Technology Assessor is on a 50-day timeline, which begins when the parents sign the Assessment Plan.
5. After the evaluation is completed, the assessor will contact the case carrier to coordinate an IEP to discuss recommendations.
6. When appropriate, training will be provided by the Assistive Technology Evaluator in order to meet IEP goals and objectives.

**ASSISTIVE TECHNOLOGY**

**IEP MEETING CHECK LIST**

- If an Assistive Technology referral is not going to be considered, a statement must be written in the IEP (optional page) that the student does not require Assistive Technology equipment to meet their goals and objectives. Equipment and support readily available in the classroom can accommodate for his/her needs, including calculators, tape recorders, and classroom computer.**
  
- If an Assistive Technology referral is going to be considered. An IEP is held and the Assistive Technology Consideration Checklist is completed. ( A nurse must be in attendance at the IEP.)**
  
- When completing the Assistive Technology Consideration Checklist the following should be considered and recorded:**
  - **Check the area of the task that you want the student to complete, that he/she is unable to do at a level that reflects his/her skills/abilities. (Reading, writing, communication, etc.)**
  
  - **Describe the student's present level of performance.**
  
  - **Describe if the student is able to complete tasks with special accommodations or modifications.**
  
  - **Describe the barriers the student faces when trying to complete the task.**
  
  - **Describe the desired academic outcome that you want the student to accomplish.**
  
- If a nurse is not available a statement needs to be written into the IEP minutes that the IEP team will need to reconvene to address this area with a nurse present.**

- If an AT evaluation is *not* recommended after completing the Assistive Technology Consideration Checklist, include a statement in the IEP of how the team reached that decision.**
  
- If an AT evaluation is recommended:**
  - Send a copy of signed Assessment Plan and IEP to the Program Specialist.**
  - The Program Specialist will review paperwork and forward it to the Assistive Technology Evaluator.**
  - When the evaluation is completed the assessor will contact the Program Specialist to discuss recommendations.**
  - The assessor will contact the case carrier to set up an IEP.**
  - The case carrier sets up an IEP and the assessor attends the meeting and discuss recommendations.**
  - If a student is transferring into the AVUHSD from another district a 30 day IEP will need to be held to address any Assistive Technology issues.**

# Antelope Valley Union High School District Assistive Technology Consideration Checklist

Page 1 of 3

Date: \_\_\_\_\_

<b>Student Name:</b>	<b>DOB:</b>	<b>Grade:</b>
<b>School:</b>	<b>Placement:</b>	<b>Teacher:</b>
<b>Disability:</b>		

<input checked="" type="checkbox"/> <b>Tasks</b> Areas of need	<b>Present Level of Performance</b> (including past/present AT)	<b>Accommodations/ Modifications</b>	<b>Barriers</b>	<b>Desired Academic outcome</b>
Mechanics of Writing  <input type="checkbox"/>				
Computer Access  <input type="checkbox"/>				
Composing Written Material  <input type="checkbox"/>				
Communication  <input type="checkbox"/>				

<input checked="" type="checkbox"/> <b>Tasks</b> Areas of need	<b>Present Level of Performance</b> (including past/present AT)	<b>Accommodations/ Modifications</b>	<b>Barriers</b>	<b>Desired Academic outcome</b>
Reading  <input type="checkbox"/>				
Learning/Studying  <input type="checkbox"/>				
Math  <input type="checkbox"/>				
Mobility  <input type="checkbox"/>				
Positioning and Seating  <input type="checkbox"/>				

<input checked="" type="checkbox"/> <b>Tasks</b> Areas of need	<b>Present Level of Performance</b> (including past/present AT)	<b>Accommodations/ Modifications</b>	<b>Barriers</b>	<b>Desired Academic outcome</b>
Vision  <input type="checkbox"/>				
Hearing  <input type="checkbox"/>				
Recreation and Leisure  <input type="checkbox"/>				
Activities of Daily Living (ADL's)  <input type="checkbox"/>				

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Assistive Technology Assessment Site Check List

Date \_\_\_\_\_ 60 Days \_\_\_\_\_

Student Name: \_\_\_\_\_ Case Carrier \_\_\_\_\_  
(complete name)

Phone/Ext/Room # \_\_\_\_\_

**Please provide copies of the following items:**

- AT Check Sheet
- Signed assessment form
- Most recent IEP  
(Highlight AT)
- Last IEP with Goals/objects  
(Highlight AT)
- Site/Dist psychological and or testing reports
- Private psychological and or testing reports

Is student presently using AT?  Yes  No

Please provide name of software or device. \_\_\_\_\_

**Any Disability issues that may not be cover in any of the above information.**

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**ANTELOPE VALLEY UNION HIGH SCHOOL DISTRICT**  
**ASSISTIVE TECHNOLOGY – EQUIPMENT LENDING PROGRAM**

**STUDENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TYPE OF EQUIPMENT:** \_\_\_\_\_

**NAME OF EQUIPMENT:** \_\_\_\_\_

**MODEL NUMBER:** \_\_\_\_\_ **SERIAL NUMBER:** \_\_\_\_\_

**AVUHSD TAG NUMBER (if present):** \_\_\_\_\_

**LIST OTHER ACCOMPANYING ITEMS**

**(electrical cords, instruction books, batteries, carrying case, software books on tape, etc.)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

**EQUIPMENT RECEIVED BY:**

**DATE:** \_\_\_\_\_ **RELATIONSHIP TO STUDENT:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

\*\*\*\*\*

**A.T.P. APPROVING EQUIPMENT LOAN:** \_\_\_\_\_ **A.T.P.**

**EQUIPMENT LENT BY:**

**NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**ANTELOPE VALLEY UNION HIGH SCHOOL DISTRICT  
ASSISTIVE TECHNOLOGY – EQUIPMENT RETURN FORM**

**STUDENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TYPE OF EQUIPMENT:** \_\_\_\_\_ **Books on Tape** \_\_\_\_\_ **x** \_\_\_\_\_

**NAME OF EQUIPMENT:** \_\_\_\_\_

**MODEL NUMBER:** \_\_\_\_\_ **SERIAL NUMBER:** \_\_\_\_\_

**AVUHSD TAG NUMBER (if present):** \_\_\_\_\_

**Books returned to** \_\_\_\_\_ **(AVHSD)**

	Title	Shelf #	# of Tapes
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

**EQUIPMENT RECEIVED BY:**

**DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**ANTELOPE VALLEY UNION HIGH SCHOOL DISTRICT  
ASSISTIVE TECHNOLOGY – EQUIPMENT LENDING PROGRAM**

**STUDENT NAME:** \_\_\_\_\_ **ID #** \_\_\_\_\_ **School Site** \_\_\_\_\_

**TYPE OF EQUIPMENT: (TAPE/CD player)** \_\_\_\_\_ **Serial #** \_\_\_\_\_ **Tag #** \_\_\_\_\_

**BOOKS ON TAPE/CD**

Title	Shelf #
1.	
2.	
3.	
4.	
5.	
6.	
7.	

**EQUIPMENT RECEIVED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **RELATIONSHIP TO STUDENT:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

\*\*\*\*\*

**A.T.P. APPROVING EQUIPMENT LOAN:** \_\_\_\_\_ **A.T.P.**

**EQUIPMENT LENT BY:**

**NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_