****

**Stage A – Assistive Technology Consideration and Referral**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Student:** | **Grade:** | **Age:** | **Date of Referral** |
| **Current Diagnosis:**  | **School:**  | **School Contact:** | **Tool Requested:** |

**Part 1 : Student Profile (Strengths & Areas of growth)** We will require evidence when students are not at grade level (recent assessment data & anecdotal comments)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not Yet** | **Approaching** | **Meeting** | **Exceeding** |
| **Physical: (Health/Medical/Personal Care)** |  |  |  |  |
| **Cognitive functioning:**  |  |  |  |  |
| **Academic Performance (Language Arts & Math):** |  |  |  |  |
| **Communication (Articulation/Receptive & Expressive)** |  |  |  |  |
| **Behaviour (Work habits/Problem solving/Independence):** |  |  |  |  |
| **Motor skills:** |  |  |  |  |
| **Social Competence: (Social skill & Adaptive behaviours)** |  |  |  |  |
| **Sensory****(Vision/Hearing/Sensitivity)** |  |  |  |  |
| **Recreation & Leisure:** |  |  |  |  |
| **Family (Ability to support the technology/Ability to afford technology):** |  |  |  |  |

**Part 2: Student Program** Please Identify the specific tasks (Linked to IPP Goals& areas that would be supported using Assistive Technology Tool

|  |  |
| --- | --- |
| **Task 1:** |  |
| **Task 2:** |  |
| **Task 3:** |  |

**Additional Information You would like the Assistive Technology committee to consider (Strategies that you have tried):**

|  |
| --- |
|  |