**Stage B – Assistive Technology Follow-up & Assessment**

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

**Part 1: Assessment of Assistive Tool Successful Not Successful**

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

**Part 2: Should Trial be extended? YES NO**

**Reason for Extension** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 3: Plans for purchasing device**

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