ASSISTIVE TECHNOLOGY FOR TRANSITION SKILLS
INTAKE INFORMATION FORM
School-Based Services

Date: _____

IDENTIFYING INFORMATION

Student Name:		
Date of Birth:		Age:
Address:		
Parents/Guardians:		
Telephone:	Home:	Cell:
Email		
Person(s) filling out form:		
Relationship to student:		Daytime phone:
Email:		

SCHOOL INFORMATION:

Name of School:		
Address:		
School Contact Name:		
Best way to reach the school contact:	☐ phone ☐ email	

REPORT

Person to Receive Report:		
Preference/contact information:	Email:	Hard copy (snail mail):

SERVICE REQUESTED

Assistive technology for transition includes the use of cell phones, portable or wearable technology devices, and apps, websites, or programs.

☐ **AT Evaluation**	Working at the school directly with the student and team to help determine what technology would support the student in meeting their goals. The evaluation includes a comprehensive report.
☐ **AT Consultation**	A consultation to assist teams to understand their assistive technology choices. Can include assistance with set-up, training, and integrating device use into classroom, and attendance at IEP meetings (3-hour minimum charge per visit)
☐ **Training**	Training in a specific topic, such as a specific software program or teaching staff how to use support strategies (3-hour minimum charge per visit)

If you have a question about other AT services and curriculum access, or a student with Augmentative Communication (AAC) needs, please contact Kristi Peak-Oliveira at kpoliveira@eastersealsma.org

DISABILITY AREAS

☐ Autism ☐ Brain Injury ☐ Hearing Impairment

☐ Asperger's ☐ Cognitive Disability ☐ Mobility Impairment

☐ PDD ☐ Learning Disability ☐ Speech/Language

☐ Cerebral Palsy ☐ Vision Impairment ☐ Behavior

☐ Anxiety ☐ Other _____

Areas of Concern

What specific tasks are difficult for the student?

☐ Following Directions for Completing a Task ☐ Scheduling, Keeping Track of Appointments

☐ Medication Management ☐ Community Access (using ride sharing service or GPS)

☐ Money Management

☐ Life Skills (simple meal prep, shopping, appropriate clothing for weather conditions

☐ Stress Management

☐ Electronic Communication Tools (text, emails, online job applications)

☐ Study Skills

What would you like to see the student do that he/she cannot do now? _____

What assistive technology, supports, or strategies have you already tried?

☐ Computer: ☐ Mac ☐ PC

☐ Handheld Device ☐ iPod touch ☐ Cell Phone ☐ iPad

☐ Low tech: ☐ check list ☐ paper calendars ☐ other

☐ Vision Aids ☐ page magnification ☐ magnifiers

☐ Specialized Software ☐ talking word processor ☐ speech recognition

☐ screen magnification

Other technology or tools that you've tried? _____

STUDENT'S TECHNOLOGY SKILLS:

☐ Good keyboarding skills

☐ Presses keys accurately

☐ Types slowly

☐ Comfortable with all forms of technology

☐ Uses Microsoft Office

☐ Uses Google Drive/Apps

Other: _____

Are there issues with technology that we should be aware of? For example, can the student use technology to stay on task and not be distracted by other uses such as games? _____

Has the student shown the ability to generalize tasks such as the ability to complete money management tasks on a calculator to real world shopping experiences? _____

Additional Information: Please include any other important details about the student. Strengths? Weaknesses? Learning Style? Interests?

_____

Other Service Providers: Please list any Occupational Therapy, Physical Therapy, Speech Language Therapy, ABA, TVI, etc. If these specialists should be contacted prior to the evaluation please include their contact information.

Provider: _____ Contact: _____

Provider: _____ Contact: _____

Provider: _____ Contact: _____

Additional Information:

_____

PLEASE ATTACH ANY RELEVANT REPORTS WITH INFORMATION RELATING TO COMMUNICATION, COGNITION, OR OVERALL DEVELOPMENTAL LEVEL.

Thank you for returning the form:
atintakes@eastersealsma.org

Easter Seals, 484 Main Street, 6th Floor, Worcester, MA 01608
Attention: AT Intakes

Please direct any questions to Kristi Peak-Oliveira, Clinical Supervisor, at kpoliveira@eastersealsma.org or 617-226-2861