ASSISTIVE TECHNOLOGY INTAKE INFORMATION FORM

School-Based Services

Curriculum Access

Date: _____

IDENTIFYING INFORMATION

Student Name: _____
Date of Birth: _____ Age: _____
Address: _____
Parents/Guardians: _____
Telephone: _____ Home: ☐ Cell: ☐
Email: _____

Primary language spoken at home: _____

PERSON COMPLETING FORM

Name: _____
Relationship to Student: _____
Contact information: Email: _____ Phone Number: _____

SCHOOL INFORMATION

Name of School: _____
Address: _____
Contact Person: _____
Contact information: Email: _____ Phone Number: _____

Grade Level/Type of Classroom (self-contained, resource, etc.): _____

REPORT

Person to Receive Report: _____

Email: _____

SERVICE REQUESTED

Assistive technology services include computer access, technology to support reading and writing, educational accommodations and accessibility to support curriculum access.

☐ **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 services, or a student with either Augmentative Communication (AAC) needs or AT for Transition needs, please contact Kristi Peak-Oliveira at kpoliveira@eastersealsma.org

DIAGNOSIS (required)

☐ Autism	☐ Brain Injury	☐ Hearing Impairment
☐ Asperger's	☐ Cognitive Disability	☐ Mobility Impairment
☐ PDD	☐ Learning Disability	☐ Speech/Language
☐ Cerebral Palsy	☐ Vision Impairment	☐ Other _____

Areas of Concern

READING

What specific tasks are difficult for the student?

☐ Decoding	☐ Proof Reading
☐ Comprehension	☐ Eye Problems/Fatigue
☐ Reading Speed	☐ Other _____

WRITING

What specific tasks are difficult for the student?

- ☐ Legibility
- ☐ Pre-writing
- ☐ Holding Writing Utensil
- ☐ Organizing Ideas
- ☐ Hand Pain or Fatigue
- ☐ Needs a Scribe (please explain) _____
- ☐ Spelling
- ☐ Other _____

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
- ☐ iDevice ☐ iPod touch ☐ iPhone ☐ iPad
- ☐ Low tech: ☐ slant board ☐ adaptive writing utensil
- ☐ Vision Aids ☐ page magnification ☐ highlighters ☐ more white space ☐ magnifiers ☐ CCTV ☐ glare filers
- ☐ Specialized Software ☐ talking word processor ☐ speech recognition ☐ screen magnification
- ☐ Arm or wrist support
- ☐ Adaptive Mouse
- ☐ Touch Screen
- ☐ Note taking device ☐ AlphaSmart Fusion Writer ☐ Other _____

Other: _____

STUDENT'S COMPUTER SKILLS:

- ☐ Good keyboarding skills
- ☐ Good mouse skills
- ☐ Types slowly
- ☐ Presses keys accurately
- ☐ Knows some letter locations
- ☐ Accidentally hits unwanted keys

Other: _____

What key supports/accommodations are in place to help the student overcome identified difficulties?

- ☐ Note taking
- ☐ Alternative assignments
- ☐ Short answers
- ☐ Alternative testing environment
- ☐ Homework modifications
- ☐ Extended time for tests

Other: _____

Are math skills an area of difficulty for the student? ☐ Yes ☐ No

Math subject/Grade level: _____

Please describe any difficulties? _____

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: _____

Provider: _____ Contact: _____

Classroom Setting:

☐ Self-contained ☐ Resource room

☐ Regular education ☐ Other _____

☐ Inclusion

Additional Information:

_____

PLEASE ATTACH ANY RELEVANT REPORTS – INCLUDING THE IEP - WITH INFORMATION RELATING TO COMMUNICATION, COGNITION, OR OVERALL DEVELOPMENTAL LEVEL.

Once the form is completed, please return via email to ATIntakes@eastersealsma.org

Please direct any questions to Kristi Peak-Oliveira, Assistant Director of AT Services, at kpoliveira@eastersealsma.org or 617-226-2861

Thank you for choosing Easter Seals services!