Center for Adaptive Technology Referral Form

Personal Information

Client name _____

Address _____

City _____ State _____ Zip _____

Phone (h) _____ Phone (w) _____

Date of birth _____

If a student, current school _____ Grade _____

What devices are available to the student?

- ❑ Mac
- ❑ PC
- ❑ Choromebook
- ❑ iPad

If client is a child, please provide parent/guardian information below:

Parent/guardian name _____

Address, if different form above _____

Phone (h) _____ Phone (w) _____

What is the client's diagnostic disability? _____

Briefly describe the functional disability _____

_____

If this evaluation is part of the PPT process, please send a copy of the IEP that indicates goals to be addressed by adaptive technology. If it is not part of a PPT, please indicate the goals for having this client use technology.

_____

_____

Employment Information

Employment status

- ❑ Full time
- ❑ Part time
- ❑ Retired
- ❑ Unemployed but able to work
- ❑ Unemployed, not able to work
- ❑ Not applicable (student)

Primary occupation _____

Primary job skill _____

Type of work experience

- ❑ Competitive
- ❑ Supported
- ❑ Unpaid
- ❑ Other _____

Related Services

Please indicate if the client has received or is currently receiving the following evaluations or services. Please include copies of relevant reports.

Service or evaluation	Evaluator/agency	Date
IEP		
Assistive technology		
Occupational therapy		
Physical therapy		
Speech/language		
Hearing		
Visual		
Neurological		
Psychological		
Other _____		

It is also helpful to include a video of the student in an educational environment.

Language Skills

Spoken Language

What is the client's native language? _____
Does the client understand spoken English? ❑ yes ❑ no

Please indicate the client's main mode of communication:

- ❑ Intelligible speech ❑ Writing, no speech ❑ Sounds ❑ Signs, gestures
- ❑ Communication board: ___ with pictures ___ with symbols ___ with words
- ❑ AAC: ___ dedicated device ___ software-based AAC name _____
  Access to AAC: ___ direct ___ switch ___ scanning ___ mouse alternative
  AAC language type: ___ picture symbols ___ spelling messages
  ___ constructing sentences with picture symbols

Please indicate area(s) of concern:

- ❑ Word retrieval ❑ Formulation of ideas ❑ Other _____

Receptive Language

Please indicate area(s) of concern:

- ❑ Overall receptive language ❑ Understanding and following directions
- ❑ Other (describe) _____

Reading

What is the client's reading level (grade)? _____

Please indicate area(s) of concern:

- ❑ Letter recognition ❑ Letter reversal
- ❑ Picture/icon recognition ❑ Comprehension
- ❑ Decoding

Does the client use any of the following for reading?

- ❑ Books on tape ❑ Books on CD ❑ Electronic dictionary
- ❑ Electronic text with reading software
  Name of software: _____

Written Expression

Please indicate area(s) of concern and describe below:

- ❑ Spelling ❑ Grammar ❑ Sentence structure
- ❑ Organization of ideas ❑ Word retrieval ❑ Proofreading/revision

_____

_____

_____

Does the client use any of the following for writing?

- ❑ Word processing ❑ Electronic dictionary.thesaurus
- ❑ Outlines ❑ Webbing, mind maps, clustering

Vision

Please indicate which category best describes the client's vision:

- ❑ Normal
- ❑ Visual impairment, correctable with lenses
  Corrected acuity: left eye _____ right eye _____
- ❑ Visual impairment, not correctable with lenses
  Acuity: left eye _____ right eye _____
- ❑ Legally blind ❑ Totally blind
- ❑ Fluctuating vision ❑ Cortical vision impairment (CVI)
- ❑ Visual/perceptual problems

If applicable, please specify diagnosed visual disorder (for example, macular degeneration, retinitis pigmentosa, retinopathy):

_____

Please indicate area(s) of difficulty:

- ❑ Seeing a standard computer screen
- ❑ Seeing the keys on a standard keyboard
- ❑ Seeing the blackboard/whiteboard in a classroom
- ❑ Seeing a television screen

Do any of the following conditions negatively affect the ability to see?

- ❑ Glare ❑ Low contrast
- ❑ Bright lights ❑ High contrast
- ❑ Fluorescent lights ❑ Eye fatigue

Does the client currently use any of the following?

- ❑ Eyeglasses ❑ CCTV
- ❑ Magnifying lens ❑ Large print
- ❑ Books on tape ❑ Braille
- ❑ Electronic text ❑ Other _____

Hearing

Please indicate which category best describes the client's hearing:

- ❑ Normal
- ❑ Hearing impairment, assisted by hearing aid or implant
- ❑ Hearing impairment, not assisted by hearing aid or implant
- ❑ Deaf
- ❑ Central Auditory Processing Disorder (CAPD) – Diagnosis date: _____

Please indicate area(s) of difficulty:

- ❑ Hearing the human voice
- ❑ Hearing beeps or other sounds made by a computer
- ❑ Hearing synthesized speech on a computer
- ❑ Seeing a television screen

Does the client use: ❑ ASL or Signed English ❑ Speech reading

Physical Coordination

Please indicate area(s) of difficulty:

- ❑ Control of head, neck
- ❑ Control of facial muscles, swallowing
- ❑ Coordination or use of left hand/fingers
- ❑ Coordination or use of left arm
- ❑ Coordination or use of right hand/fingers
- ❑ Coordination or use of right arm
- ❑ Coordination or use of legs, feet
- ❑ Ability to be in a standard seating posture
- ❑ Endurance
- ❑ Mobility

Does the client currently use any of the following?

- ❑ Cane
- ❑ Walker
- ❑ Crutches
- ❑ Manual wheelchair
- ❑ Power wheelchair or scooter
- ❑ Other _____

Handwriting

Please indicate hand dominance _____ left _____ right _____ ambidextrous

Please indicate area(s) of difficulty with handwriting:

- ❑ Formation of letters
- ❑ Printing
- ❑ Near point copying
- ❑ Spacing of work on paper
- ❑ Speed
- ❑ Reversals
- ❑ Cursive
- ❑ Far point copying
- ❑ Fatigue
- ❑ Productivity

Does the client currently use any of the following?

- ❑ Standard pen or pencil
- ❑ Slant board
- ❑ Other _____
- ❑ Adapted pen or pencil grip
- ❑ Adapted paper

Organization

Please indicate area(s) of difficulty:

- ❑ Distractibility
- ❑ Completion of tasks
- ❑ Management of belongings
- ❑ Management of personal space

Personal Preferences

How does the client learn best?

- ❑ Through visual information
- ❑ Through auditory information
- ❑ By reading
- ❑ Hands-on

Please list three areas of interest that may be motivators during the evaluation (for example, sports, pets, travel, music):

_____

_____

Computer Experience

Does the client use a computer at school? ❑ Yes ❑ No
Specify platform: ❑ PC ❑ Macintosh
Who provides computer user support? _____

Does the client use a computer at home? ❑ Yes ❑ No
Specify platform: ❑ PC ❑ Macintosh
Who provides computer user support? _____

Does the client use a computer at work? ❑ Yes ❑ No
Specify platform: ❑ PC ❑ Macintosh
Who provides computer user support? _____

Indicate which items the client uses:

- ❑ Standard keyboard
- ❑ Standard mouse
- ❑ Portable note taker (such as AlphaSmart) – specify: _____
- ❑ Handheld computer (such as a Palm) – specify: _____
- ❑ Adaptive hardware – specify: _____
- ❑ Adaptive software – specify: _____

Keyboarding Experience

Please indicate the client's *current* input method:

❑ Keyboard with
- ❑ two hands, all fingers
- ❑ two hands, fewer than five fingers per hand
- ❑ two hands, isolating one finger per hand
- ❑ one hand, all fingers
- ❑ one hand, isolating one finger
- ❑ the head, with a mouth stick
- ❑ the nose
- ❑ the feet or toes
- ❑ other – describe: _____

Does the client know the location of the keys? ❑ Yes ❑ No
Has the client had instruction in touch-typing? ❑ Yes ❑ No

❑ Switch access Type of switch _____
Switch site _____
Single switch with scanning? ❑ Yes ❑ No
Scanning software _____

❑ Voice recognition
Name of program _____

❑ Other – please describe: _____

Please list input methods the client has tried that were not successful and briefly explain why they are no longer used:

_____

_____

_____

Additional comments:

Referral Information

Who referred the client to the CAT? _____

Contact at referral source:

Name _____ Phone _____

Who completed this form? (Provide name and relationship to client.)

_____

Whom should we contact to schedule an evaluation appointment?

	Name	Phone
Parent(s)		
Counselor		
Teacher		
Other (Specify profession or relationship to client)		

Who will pay for the evaluation?

❑ Client ❑ Client's family ❑ BRS ❑ BESB
❑ School ❑ Other

Authorization to bill for evaluation:

_____ _____
print name signature

Send invoice to: Send report to:

_____ _____

_____ _____

_____ _____

Who will purchase the recommended equipment and/or training?

❑ Client ❑ Client's family ❑ Agency
❑ School ❑ Other ❑ Undetermined

Return completed form to:

Center for Adaptive Technology
Southern Connecticut State University
501 Crescent Street
New Haven, CT 06515
FAX: 203-392-5796