

**Carbon Lehigh Intermediate Unit #21 - Assistive Technology Request for Support
SETT FACILITATION REQUEST- COMMUNICATION**

Today's Date: _____ Sex: ___ M ___ F Student Name: _____

District of Residence: _____ School: _____

Teacher's Name: _____ Grade: _____

Parent Information

*(*Please notify parent of this request.)*

Name: _____ Phone: _____ Email: _____

Assistive Technology is the provision of service, training, and/or assistive device utilized as a method to meet the specific objectives within the student's Individual Education Plan (IEP) and/or 504 Plan.

A SETT meeting is a meeting with all team members. The team has determined that Assistive Technology should be explored, and we need assistance identifying AT for IEP/504 planning.

*The SETT Framework is not an evaluation. It is a tool used to gather information to make effective assistive technology decisions. (**This meeting will result in the SETT Framework , Meeting Summary and Action Plan being emailed to all team members including parents and Supervisor.)*

What is the concern? In what area(s) is the student not making effective progress OR not accessing the general education curriculum? The student needs a more efficient effective independent way to... communicate read write access computer/device Other: _____

Current Related Services (Name and Email)

*(*Please also include names of privately received services.)*

Occupational Therapy: _____

Physical Therapy: _____

Vision Services: _____

Speech/Language Therapy: _____

Hearing Services: _____

Other: _____

TEAM CONTACT PERSON/TITLE (required): _____

E-MAIL ADDRESS: _____

DISTRICT REPRESENTATIVE SIGNATURE: _____

TITLE: _____ DATE: _____

Once the IEP team determines that a student needs AT, it is the responsibility of the LEA to provide it at no cost to the student or parents. However, the means of acquisition is not mandated by IDEA, so it is possible that AT can be provided using any of a variety of options, including outside funding sources such as grants or foundations, use of equipment already owned by the school, or use of family funding or insurance. Regardless of the source of AT acquisition, it is the responsibility of the LEA to maintain the AT in operating condition for use by the student as specified in the IEP.

CLIU SUPERVISOR SIGNATURE: _____ DATE: _____

RETURN TO:

Carley Nicholas (Communication), nicholasc@cliu.org

Current Assistive Technology Used:

(*Please include anything that assists in communication, computer access, mobility, vision, writing, or hearing such as a power wheelchair, hearing aids, vocal output device, manual communication board, word processor, etc.)

What is the student currently doing? Please complete the section below to indicate current levels.

HEARING: normal loss identified uncertain Describe: _____

AUDITORY LOCALIZATION: adequate fair inconsistent poor

VISION: functional loss identified uncertain Describe: _____

GROSS MOTOR SKILLS:

FINE MOTOR SKILLS:

BEHAVIORS THAT AFFECT COMMUNICATION:

ATTENTION SPAN: adequate varies with mood distractible

AWARENESS: aware of others aware of events poor

COOPERATION: adequate with prompts resists

LANGUAGE SKILLS - RECEPTIVE

NATIVE LANGUAGE(S): _____

LANGUAGE(S) UNDERSTOOD: _____

ORAL COMPREHENSION: words sentences direct requests indirect request

RESPONDS TO: name commands directions with prompting

RECOGNITION/IDENTIFICATION: photos symbols drawings unable objects people actions

Additional Receptive Language Information:

LANGUAGE SKILLS - EXPRESSIVE

LANGUAGES EXPRESSED: _____

COMMUNICATION STATUS: nonspeaking verbal limited verbal

COMMUNICATION LEVEL: single word phrase sentence conversation

COMMUNICATION METHOD: vocalization speech sign spelling facial expression eye gaze
 head nod gesture behavior pointing boards picture exchange objects vocal output
 facilitated communication switches none

COMMUNICATION PURPOSE: basic needs preferences feelings social exchanges interests
 emotions humor sharing none

VOCABULARY: extensive basic/functional limited unknown

EXPRESS YES/NO: head nod sign symbol vocalization gesture printed word

Additional Expressive Language Information:

SOCIAL LANGUAGE

COMMUNICATION INTENT: request call/summon deny ask for more ask for assistance
 gain attention seek affection protest greet/leave inform about self self-advocate agree/argue
 clarify play with others

INITIATES: appropriately occasionally if prompted rarely

ANSWERS "WH" QUESTIONS: consistently inconsistently minimally unable

ASKS QUESTIONS: simple form complex form with prompts unable

CONVERSATIONAL SKILLS: appropriate limited inconsistent none

COMMUNICATION PARTNERS: family peers staff/instructors job coach general community none

SPEECH

INTELLIGIBILITY: understood understood with minor difficulty understood with major difficulty unintelligible

UNDERSTOOD BY: familiar others trained listeners all listeners no one

VOICE: normal adequate inadequate nonverbal

LOUDNESS: normal adequate inadequate nonverbal

ADDITIONAL INFORMATION:

NON-ORAL COMMUNICATION

USE OF SIGN LANGUAGE: to communicate emerging imitated with prompts not used

LEVEL OF SIGN: adapted simple complex finger spelling

Known Signs:

What current goal(s) will be addressed by completion of this SETT Framework?

CLIU ASSISTIVE TECHNOLOGY SERVICES PARENTAL INPUT FORM

Your child has been referred by the educational team to the CLIU Assistive Technology Consultant.

The SETT framework will be utilized to make knowledgeable team decisions concerning assistive technology. The SETT framework is not an evaluation. It is a decision-making process developed to consider the Student, the Environments, the Tasks required for active participation in the activities of the environment, and, finally, the system of Tools needed for the student to address the tasks. The consultant will facilitate the team members through this process in order to make decisions about assistive technology needs.

The information you provide below will help guide the consultant.

Please complete this form and return it to the designated team member: _____

Student's Name: _____

Name of Parent/Guardian: _____

What questions would you like the consultant to address regarding assistive technology?

What goals/objectives do you have for your child that may be addressed through the use of assistive technology?

What technology does your child use at home? Mac/PC (desktop/ laptop) Tablet (iPad/ Android)

Programs/Apps Currently in Use:

AAC device (Type): _____

PARENT SIGNATURE: _____

DATE: _____