Carbon Lehigh Intermediate Unit #21 - Assistive Technology Request for Support
SETT FACILITATION REQUEST- EDUCATIONAL ACCESS

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:
LeDonne Wanamaker (Educational Access), wanamakerl@cliu.org

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

HEARING: ☐ normal ☐ loss identified ☐ uncertain Describe: _____

VISION: ☐ normal ☐ loss identified ☐ uncertain Describe: _____

MOTOR SKILLS: ☐ normal ☐ loss identified ☐ uncertain Describe: _____

BEHAVIORS THAT AFFECT CURRICULAR ACCESS:

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IS STUDENT WORKING AT GRADE LEVEL IN FOLLOWING AREAS?
Reading: ☐ yes ☐ no   Composition: ☐ yes ☐ no   Math: ☐ yes ☐ no   Spelling: ☐ yes ☐ no

Motor Aspects of Writing:

CURRENT WRITING ABILITY: ☐ writes independently ☐ writes legibly ☐ uses adapted pencil/grip ☐ writes on 1" line
☐ writing is limited due to fatigue ☐ writing is slow

ADDITIONAL INFORMATION:

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KEYBOARDING ABILITY: ☐ functional speed ☐ multi finger typing ☐ one finger typing ☐ does not currently type
☐ accidentally hits unwanted keys ☐ requires arm/wrist support ☐ uses switch access
Describe: _____

CURRENTLY IN USE: ☐ adapted pencil/grip ☐ adapted paper ☐ writing templates ☐ speech to text software
☐ word prediction ☐ voice recognition ☐ scanned worksheets ☐ word processor ☐ Other: _____

CURRENT DIFFICULTIES:

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Composition of Written Material:

CURRENT COMPOSITION: ☐ short words ☐ phrases ☐ sentences ☐ paragraph ☐ multi-paragraph
☐ uses correct spelling ☐ uses correct capitalization ☐ uses correct punctuation ☐ uses correct grammar

CURRENTLY IN USE: ☐ word lists ☐ story starters ☐ outlines ☐ templates ☐ word prediction
☐ word processor ☐ scanned worksheets ☐ text to speech software ☐ Other: _____

CURRENT DIFFICULTIES: ☐ answering questions ☐ generating ideas ☐ getting started on response
☐ sequencing information ☐ using a variety of vocabulary ☐ spelling

ADDITIONAL DIFFICULTIES:

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Reading:

READING ABILITY: ☐ recognizes sight words   ☐ can decode words/sentences   ☐ can comprehend meaning of written text
☐ reads standard textbook print   ☐ can read at grade level independently

CURRENTLY IN USE: ☐ requires spoken text to accompany print   ☐ requires highlighting   ☐ requires enlarged print
☐ requires reduced text on page   ☐ uses audio/e-text

CURRENT DIFFICULTIES:

COMPUTER /TABLET USE:
☐ uses word processor for writing assignments   Describe Device Program/Use: _____

CURRENT KEYBOARDING SKILLS:
☐ does not currently type   ☐ can locate desired key   ☐ can activate desired key   ☐ has received keyboarding instruction
☐ uses alternative keyboard/access method: _____

COMPUTER AVAILABILITY:

School: ☐ PC   ☐ Mac   ☐ Chromebook   ☐ iPad   ☐ Tablet
     Describe: _____

Home: ☐ PC   ☐ Mac   ☐ Chromebook   ☐ iPad   ☐ Tablet
     Describe: _____

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

CLIU ASSISTIVE TECHNOLOGY SERVICES PARENTAL INPUT FORM

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

The <u>SETT</u> framework will be utilized to make knowledgeable team decisions concerning assistive technology. The <u>SETT</u> framework is not an evaluation. It is a decision-making process developed to consider the <u>S</u>tudent, the <u>E</u>nvironments, the <u>T</u>asks required for active participation in the activities of the environment, and, finally, the system of <u>T</u>ools 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:**