

**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:

Danielle Argot (Educational Access), argotd@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:

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:

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:

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:

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 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: _____