

SECTION 1

Carbon Lehigh Intermediate Unit #21 Assistive Technology Request for Support

Please fill out completely

Today's date _____

Student Name: _____ Sex: M / F D.O.B: _____

District of residence: _____ School: _____

Disability: _____ Grade/Class: _____

Teacher's name _____

Parent Information *please notify parent of this request

Name: _____

Phone: _____

Address: _____

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.

REASON(S) FOR REQUEST (required)

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 SERVICES

(please also include names of privately received services)

Name:

E-Mail

Occupational Therapy _____

Physical Therapy _____

Speech/Language Therapy _____

Vision Services _____

Hearing Services _____

ASSISTIVE TECHNOLOGY SUPPORT OPTIONS

Equipment Loan Request (*complete SECTION 1 only) _____

This includes equipment available in our CLIU lending library or assistance with completion of PATTAN Short Term Loan.

**This request will result in an email to the requestor who will complete form indicating specific device needed.

Consultation: an informal meeting with the person(s) initiating this request (*complete SECTION 1 only)

Some examples may include technical assistance with product features, system trials, programming, inquiring about student AT history.

**This consultation will result in a summary being emailed to all team members including parents and Supervisor/LEA.

SETT meeting: a meeting with all team members (*complete SECTION 1, SECTION 2 or 3, and PARENT FORM)

The SETT Framework is not an evaluation. It is a tool used to gather information to make effective assistive technology decisions.

The team has determined that Assistive Technology should be explored, and we need assistance identifying AT for IEP/504 planning.

**This meeting will result in the SETT Framework , Meeting Summary and Action Plan being emailed to all team members including parents and Supervisor.

Assistive technology trials should be conducted over a consistent 6-8 week period. Due to the lack of valid trial time, initial SETT facilitation requests should not be submitted after May 1, 2020.

TEAM CONTACT PERSON (required): _____ TITLE: _____

PHONE: _____ 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 & Equipment Loans)
Carley Knappenberger (Communication)**

Assistive Technology Consultants
Carbon Lehigh Intermediate Unit 21
4210 Independence Drive
Schnecksville, PA 18078-2580
FAX: 610-769-1098
argotd@cliu.org
knappenbergerc@cliu.org

Date received _____

SECTION 3: Please complete this section if requesting SETT Framework Facilitation for Educational Access

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

HEARING: normal loss identified uncertain describe _____

VISION: functional loss identified uncertain describe _____
 scans left to right scans horizontally/vertically lighting impedes vision perceptual deficits
 benefits from special lighting tilts head when reading

MOTOR SKILLS Does the student have voluntary, controlled movement? DESCRIBE ANY LOSS IDENTIFIED.

BEHAVIORS THAT EFFECT 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 multiparagraph
 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 Additional information : _____

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/text

CURRENT DIFFICULTIES: _____

Technology:

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: _____

Available location(s) : _____

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.

This information will help guide the consultant. 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?

____ Computer Type: Mac/PC desktop/laptop

____ Tablet Type: iPad/android

Programs/apps currently in use: _____

____ AAC device Type: _____

Parent signature: _____ **Date:** _____