

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 2: Please complete this section if requesting SETT Framework Facilitation for Communication

Current Assistive Technology Used: (please include anything that assists in communication, computer access, mobility, vision, writing, or hearing such as a power wheel chair, 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 _____

VISUAL TRACKING: ___adequate ___inconsistent ___scans

HEAD & TRUNK POSITIONING RELATED TO COMMUNICATION : _____

MOTOR SKILLS (mobility of head, arms, head, fingers) : _____

BEHAVIORS THAT EFFECT 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: _____

Expressive:

LANGUAGES EXPRESSED : _____

COMMUNICATION STATUS : ___non verbal ___verbal ___limited verbal ___lacks communication

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 ___unable

USES GESTURES: ___spontaneous ___with prompting ___none

VOCABULARY: ___extensive ___basic/functional ___limited ___unknown

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 ___remind ___inform about self
___self advocate ___agree/argue ___apologize ___clarify ___play with others

INITIATES: ___appropriately ___occasionally ___if prompted ___rarely

ANSWERS "WH" QUESTIONS: ___consistently ___inconsistently ___minimally ___unable

ANSWERS "YES/NO" 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

ADDITIONAL INFORMATION: _____

VOICE : ___normal ___adequate ___inadequate ___non verbal

LOUDNESS: ___normal ___adequate ___inadequate ___non verbal

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: _____

FINE MOTOR ABILITIES: ___no limitations ___fair ___poor ___non functional

EXPRESS YES/NO: ___head nod ___sign ___symbol ___vocalization ___gesture ___printed word

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:** _____