Assistive Technology Training & Information Center
3700 Pulford Detroit, MI 48207
313.866.3788 or 313.866.3791
Fax: 313.866.3803

REFERRAL FOR EVALUATION: ASSISTIVE TECHNOLOGY

Send completed Referral for Evaluation form to: ATTIC

>>>

Current Date: ____________________________

Student Name: _____________________________________ Date of Birth: _______________

School: ____ School Phone: _______________

School District: ____

Building Contact Person/Title: _________________________________
Contact Phone: ___________________

AT Evaluation Requested Because: ____

>>>

1. Briefly describe this student's disability and the impact this has on his/her educational program:____

____

____

____

2. What do you want this student to be able to do when using assistive technology?

____

____

____

____

3. Describe what has been done to address this student's assistive technology needs:

____

____

____

____

4. Which classroom modifications and accommodations have been tried to address the concern?

____

____

____

____

5. Additional Comments:

____

____

____

____

____

____

6. Name of person/title completing this form:

____

>>>

For office use only

Date received: ______________________________

Evaluation team assigned: ____

Date assigned: ______________________________

Follow-up Date: ______________________________