REFERRAL FOR ASSISTIVE TECHNOLOGY SERVICES

INTERMEDIATE UNIT I
Fayette-Greene-Washington

Revised 09/07/2017

I. Service(s) Requested:

- [ ] Augmentative Communication
- [ ] Assistive Listening (FM)
- [ ] Computer Access
- [ ] Mathematics
- [ ] Organization
- [ ] Reading
- [ ] Vision
- [ ] Written Expression

II. Referral Source:

- [ ] Pre-referral Screening - Specify: ______________________
- [ ] Consultation - Specify: ______________________
- [ ] Initial Evaluation -
  Permission to Evaluate Due Date: ______________________
- [ ] Reevaluation
  Permission to Reevaluate Due Date: ______________________

III. Student Specific Information

Student: ______________________ Date of Birth: __________

Gender: ____ Grade: __________

Parent/Guardian: ______________________

Mailing Address: ______________________

____

Phone: ______________________
home work/cell

MA Eligible: [ ] YES MA# ______________________
[ ] NO PA Secure ID# ______________________

School District of Residence: ______________________ Phone: __________

School Attending: ______________________

Contact Person/Role: ______________________ Phone: __________

Contact Person's Email: ______________________

Teacher's Name: ______________________ Email: __________

Current Program: ______________________

______________________ ______________________
*** LEA Signature - Required** **Date**

Supervisor Approval: ______________________ ______________________
Date

Referred To: ______________________ ______________________
Support Staff Date

______________________ ______________________
Support Staff Date

______________________ ______________________
Support Staff Date

Assistive Technology Department
IU1 Educational Campus at Waynesburg - 100 EverGreene Drive - Suite 102 - Waynesburg PA 15370 or
Fax to 724-627-3625