

## Referral/Question Identification Guide

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

School Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Persons Completing Guide \_\_\_\_\_

Date \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Student's Primary Language \_\_\_\_\_ Family's Primary Language \_\_\_\_\_

### Disability (Check all that apply.)

- Speech/Language
- Cognitive Disability
- Traumatic Brain Injury
- Emotional/Behavioral Disability
- Orthopedic Impairment – Type \_\_\_\_\_
- Significant Developmental Delay
- Other Health Impairment
- Autism
- Specific Learning Disability
- Hearing Impairment
- Vision Impairment

### Current Age Group

- Birth to Three
- Middle School
- Early Childhood
- Secondary
- Elementary

### Classroom Setting

- Regular Education Classroom
- Home
- Resource Room
- Other \_\_\_\_\_
- Self-contained

### Current Service Providers

- Occupational Therapy
- Other(s) \_\_\_\_\_
- Physical Therapy
- Speech Language

### Medical Considerations (Check all that apply.)

- History of seizures
- Has degenerative medical condition
- Has multiple health problems
- Has frequent ear infections
- Has allergies to \_\_\_\_\_
- Currently taking medication for \_\_\_\_\_
- Other – Describe briefly \_\_\_\_\_
- Fatigues easily
- Has frequent pain
- Has frequent upper respiratory infections
- Has digestive problems

Other Issues of Concern \_\_\_\_\_

**WATI Assessment Package**

**Assistive Technology Currently Used** (Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> None                             | <input type="checkbox"/> Low Tech Writing Aids             |
| <input type="checkbox"/> Manual Communication Board       | <input type="checkbox"/> Augmentative Communication System |
| <input type="checkbox"/> Low Tech Vision Aids             | <input type="checkbox"/> Amplification System              |
| <input type="checkbox"/> Environmental Control Unit/EADL  | <input type="checkbox"/> Manual Wheelchair                 |
| <input type="checkbox"/> Power Wheelchair                 | <input type="checkbox"/> Computer – Type (platform) _____  |
| <input type="checkbox"/> Voice Recognition                | <input type="checkbox"/> Word Prediction                   |
| <input type="checkbox"/> Adaptive Input - Describe _____  |  |
| <input type="checkbox"/> Adaptive Output - Describe _____ |  |
| <input type="checkbox"/> Other _____                      |  |

**Assistive Technology Tried**

Please describe any other assistive technology previously tried, length of trial, and outcome (how did it work or why didn't it work.)

_____	_____
Assistive Technology	Number and Dates of Trial(s)
_____	
Outcome	

_____	_____
Assistive Technology	Number and Dates of Trial(s)
_____	
Outcome	

_____	_____
Assistive Technology	Number and Dates of Trial(s)
_____	
Outcome	

**REFERRAL QUESTION**  
 What task(s) does the student need to do that is currently difficult or impossible, and for which assistive technology may be an option? \_\_\_\_\_  
 \_\_\_\_\_

**Based on the referral question, select the sections of the Student Information Guide to be completed.** (Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Section 1 Fine Motor Related to Computer or Device Access | <input type="checkbox"/> Section 8 Recreation and Leisure  |
| <input type="checkbox"/> Section 2 Motor Aspects of Writing                        | <input type="checkbox"/> Section 9 Seating and Positioning |
| <input type="checkbox"/> Section 3 Composing Written Material                      | <input type="checkbox"/> Section 10 Mobility               |
| <input type="checkbox"/> Section 4 Communication                                   | <input type="checkbox"/> Section 11 Vision                 |
| <input type="checkbox"/> Section 5 Reading   | <input type="checkbox"/> Section 12 Hearing                |
| <input type="checkbox"/> Section 6 Learning and Studying                           | <input type="checkbox"/> Section 13 General                |
| <input type="checkbox"/> Section 7 Math  |  |