

Evaluation Referral

Please include the following documents with referral:

- Permission to Evaluate IEP or 504 Plan AAC Information Form (if applicable)

Student's Name _____ Date of Birth _____

Diagnosis/Disability _____

School Name _____ Grade Level _____

Teacher's Name _____ E-mail or phone number _____

Services School Providing & Frequency OT _____ PT _____ Speech _____

What are the primary concerns prompting this evaluation?

- Reading Handwriting Math Notetaking/Studying
- Verbal Communication Behavior Hearing Vision
- Access due to significant motor impairments
- Other _____

Which type of evaluation are you requesting?

- Assistive Technology Evaluation- to determine what tools are needed for accessing the curriculum
- Augmentative & Alternative Communication Evaluation (AAC) -to determine what tools may assist with verbal communication and if appropriate submit evaluation to medical insurance for funding a communication device (Insurance funding does take several months to complete and there may be a co-pay/deductible for the communication device.)

What assistive technology is the student currently using or has used? (ex: Big Mac, picture symbols, computer, iPad, audio books)

Cost of Evaluation:

\$150 for AT Evaluation

\$200 for AAC Evaluation

Mileage (_____ miles x \$.45/mile = _____)

Travel Time (when round trip mileage exceeds 100 miles: ___hours x \$25 = _____ Travel Time)

Where should the completed evaluation and invoice be sent?

Name _____

School Systems _____

Address _____

City, State, Zip _____

Phone Number _____

Fax Number _____