Southern Worcester County Educational Collaborative

Post Office Box 517
Southbridge, Massachusetts 01550
Tel. (508) 764-8500 ~ Fax. (508) 764-2724
Visit us at: www.swcec.org

Administrative Offices
Dudley, MA 0157

Julian (Bud) E. MacDonnell, Jr..
Executive Director

To Whom It May Concern:

My name is Tracy Cunkovski and I am a Certified Assistive Technology Professional (ATP) working for the Southern Worcester County Educational Collaborative (SWCEC). I received my certification through the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA).

RESNA defines an ATP as a "Service provider who analyzes the need of consumers with disabilities, assists in selection of appropriate assistive technology (AT) for the consumer's needs and provides consultation and/or training in the use of the selected device(s)."

Assistive Technology is defined as "Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities."

I am available to offer services that may include assessment, evaluation, trial, consultation and/or recommendations in AT to both member and non-member districts. It is requested that the **AT Questionnaire and Information Guide** along with the **AT Checklist** is completed and returned prior to my observation of the student. It is also necessary to have access to the **current IEP** and any **pertinent evaluations** prior to scheduling observations or assessments.

I look forward to working with you and your students in the future.

Sincerely,

Tracy Cunkovski ATP
tcunkovski@swcec.org
Phone: (508) 335-4190
Fax: (508) 764-2724

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Referral Form

Please complete and *fax* or *mail* to:
Southern Worcester County Educational Collaborative (S.W.C.E.C.)
P.O. Box 517 Southbridge, MA 01550
Attn: Dr. Melissa Manzi, DPT
Phone: 508-764-8500
Fax: 508-764-2724

Please check requested Assessment/Service(s):

_____ Adaptive PE	_____ Orientation and Mobility
_____ Assistive Technology	_____ Vision (Functional Vision Assessment)
_____ Teacher of the Deaf	_____ Vocational and Life Skills Evaluation
_____ Learning Media Assessment	_____ Speech Language Pathologist
_____ Music Therapy	_____ Occupational Therapy
_____ Physical Therapy	

Please Print Clearly:

Today's date: _____/_____/_____

District; _____

Referred by: _____

Contact Number: _____

Reason for Referral: _____

_____

_____

Assistive Technology Referral Form

Student's Full Name: _____

Student's Date of Birth: _____/_____/_____ Sex: M F Student's Age: Years:_____ Months:_____

Grade:_____ School: _____

Parent/Guardian: _____ Phone #:_____

Teacher: _____ Teacher email: _____

Date Parent/Guardian permission was obtained: _____/_____/_____

Consultation/Assessment approved by: _____

Consultation/Assessment approved by: _____
(SIGNATURE OF AUTHORIZED SPECIAL EDUCATION REPRESENTATIVE)

*Please submit the following forms/documentation with the Referral Form. These forms are required BEFORE an assessment can be conducted;

Assistive Technology:

_____ Current Individual Education Plan (IEP)

_____ **Relevant** Medical Information/Reports
(vision/hearing/speech/AT/OT/PT)

_____ Assistive Technology Questionnaire and Student Information Guide

_____ Assistive Technology Check List

_____ Copy of signed Parent/ Legal Guardian Consent form

_____ List of other services student receives (if applicable)

_____

_____

_____

_____

_____

_____

SWCEC
Assistive Technology Questionnaire
And Student Information Guide

Student Name:_____   **Date:**_____

School District:_____   **DOB:**_____

Person(s) Completing Guide:_____

Parent/Guardian:_____

Address:_____

Phone:_____   **E-Mail:**_____

Disability: (check all that apply)

☐ Speech/Language   ☐ Significant Developmental Delay

☐ Hearing Impairment   ☐ Cognitive Disability

☐ Vision Impairment   ☐ Traumatic Brain Injury

☐ Autism   ☐ Emotional/Behavioral Disability

☐ Other _____

Classroom Setting:

☐ Regular Education Classroom   ☐ Resource Room

☐ Self-contained   ☐ Other _____

Current Services:

☐ OT   ☐ PT   ☐ Speech   ☐ Vision   ☐ Mobility   ☐ APE

☐ Other _____

Medical Considerations: (check all that apply)

☐ History of Seizures   ☐ Fatigues easily   ☐ Frequent pain

☐ Frequent ear infections   ☐ Multiple Health Problems   ☐ Digestive Problems

☐ Degenerative medical condition   ☐ Frequent upper respiratory infections

☐ Currently taking medications for _____

_____

☐ Allergies _____

☐ Other _____

<u>Definition of Assistive Technology:</u> "Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities."

The first step of the assistive technology process is to identify the task an individual wants or needs to do that is impeded by a disability.
What task(s) does the student need to do that is currently difficult or impossible, and for which AT may be an option?

Is the student currently using any kind of Assistive Technology?

Has the student trialed any kind of Assistive Technology?

Are there any behaviors (both positive and negative) that significantly impact the student's performance?

Are there significant factors about the student's strengths, learning style, coping strategies or interests that should be considered?

Are there any other significant factors about the student that should be considered?

Does the student fatigue easily or experience a change in performance at different times of the day?

SWCEC-Assistive Technology Checklist
This checklist is a tool to help teams consider a student's need for assistive technology

Student Name: _____   School District: _____

Date: _____   Form Completed By: _____

In Use	Tried	MECHANICS OF WRITING
☐	☐	Pencil/pen with adaptive grip
☐	☐	Adapted paper (raised/highlighted lines)
☐	☐	Slantboard
☐	☐	Keyboarding device
☐	☐	Computer/Word processor
☐	☐	Other: _____

In Use	Tried	COMPOSING WRITTEN MATERIAL
☐	☐	Word cards, word books, word walls
☐	☐	Pocket dictionary/thesaurus
☐	☐	Electronic/talking dictionary, thesaurus, spell check
☐	☐	Word processor with spell/grammar check
☐	☐	Word processor with word prediction
☐	☐	Text-to-speech word processor
☐	☐	Multimedia software to express ideas
☐	☐	Voice recognition software
☐	☐	Other: _____

In Use	Tried	READING
☐	☐	Changes in text size, spacing, color
☐	☐	Book adapted for page turning
☐	☐	Use of pictures with text
☐	☐	Talking electronic devices/software
☐	☐	Scanner and text-to-speech word processor
☐	☐	Electronic books
☐	☐	Other: _____

In Use	Tried	MATH
☐	☐	Manipulative/Math lines
☐	☐	Calculator, calculator with printout
☐	☐	Talking calculator
☐	☐	Calculator with large keys/LCD display
☐	☐	On-screen calculator
☐	☐	Software with cueing for math computation
☐	☐	Software for manipulation of objects
☐	☐	Tactile/voice output measuring devices (clock, ruler)
☐	☐	Other: _____

In Use	Tried	LEARNING/STUDYING/ORGANIZATION
☐	☐	Object/picture/print schedule
☐	☐	Low tech aids to find materials (index tabs, color coding)
☐	☐	Highlight text (markers, highlight tape, ruler, etc.)
☐	☐	Other: _____

In Use	Tried	COMMUNICATION
☐	☐	Communication board/book with pictures, objects, letters, words
☐	☐	Eye gaze board
☐	☐	Simple voice output device
☐	☐	Voice output device with levels
☐	☐	Voice output with icon sequencing
☐	☐	Voice output with dynamic display
☐	☐	Other: _____

In Use	Tried	COMPUTER ACCESS
☐	☐	Keyboard with access software
☐	☐	Word prediction, abbreviation/expansion
☐	☐	Keyguard
☐	☐	Arm support
☐	☐	Trackball/pad, alternate mouse
☐	☐	On-screen keyboard
☐	☐	Switch and scanning
☐	☐	Voice recognition software
☐	☐	Other: _____

In Use	Tried	SEATING & POSITIONING
☐	☐	Non-slip surface of chair, prevent slipping
☐	☐	Bolster, blocks for feet
☐	☐	Adapted/alternate chair, stander
☐	☐	Custom fitted wheelchair or insert
☐	☐	Other: _____

In Use	Tried	MOBILITY
☐	☐	Walker
☐	☐	Grab bars
☐	☐	Manual wheelchair
☐	☐	Powered wheelchair with joystick/switch
☐	☐	Other: _____

In Use	Tried	HEARING
☐	☐	Pen and paper
☐	☐	Computer/portable word processor
☐	☐	Signaling device (flashlight or vibration)
☐	☐	Closed Captioning
☐	☐	Real Time Captioning
☐	☐	Computer aided note taking
☐	☐	Screen flash for alert signals of computer
☐	☐	Classroom amplification system
☐	☐	Hearing aid
☐	☐	Infrared system
☐	☐	Other: _____

In Use	Tried	VISION
☐	☐	Eyeglasses
☐	☐	Magnifier
☐	☐	Large print books
☐	☐	Note taker
☐	☐	CCTV (closed circuit television)
☐	☐	Screen Magnification software
☐	☐	Screen color contrast
☐	☐	Screen reader
☐	☐	Braille translation software
☐	☐	Enlarged or Braille/tactile keyboard labels
☐	☐	Alternate keyboard with enlarged labels
☐	☐	Computerized note taker
☐	☐	Other: _____

PLACE AN * NEXT TO ANY ITEM THE TEAM OR REFERRAL SOURCE IS SUGGESTING FOR TRIAL.

COMMENTS:

Adapted from the Wisconsin Assistive Technology Initiative (WATI), 10/11