

**ChATT**

Charter Assistive Technology Team

# Referral Form

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Student Name: \_\_\_\_\_ M/F DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_ Phone #s: \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

SPED Eligibility: \_\_\_\_\_ Medical Diagnosis: \_\_\_\_\_

SPED/Related Services: \_\_\_\_\_ Times: \_\_\_\_\_ Providers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gen Ed classes: \_\_\_\_\_

Is student supported by a teacher/paraprofessional in General Education? \_\_\_\_\_ Name(s): \_\_\_\_\_

Reason for Referral: Please describe the challenges the student is having participating in his or her educational program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Areas of Concern:     Communication     Handwriting     Spelling     Reading     Written Expression  
 Math     Organization     Inclusion     Accessing Print Materials     Other: \_\_\_\_\_

Student Strengths: Please describe skills the student has that will help him/her be successful.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Areas of Strength:     Communication     Handwriting     Spelling     Reading     Written Expression  
 Math     Organization     Inclusion     Accessing Print Materials     Other: \_\_\_\_\_

IEP goal(s) student is struggling with that may be supported with assistive technology:

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Assistive Technology currently in use by student or used in the past and an explanation of its effectiveness:

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Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- If permission to evaluate was obtained by signing the attached form please indicate here and include the signed form.
- If permission to evaluate was obtained via a phone conversation please indicate here.
- If permission to evaluate was obtained via email or other electronic messaging please indicate here and attach the conversation text.

Please complete and return this form to [csped.at@gmail.com](mailto:csped.at@gmail.com). Thank you!

Charter Assistive Technology Team  
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**Permission to Evaluate**

Dear Parent/Guardian,

I, \_\_\_\_\_, would like to refer \_\_\_\_\_ to be evaluated by the Charter Assistive Technology Team. This team consists of professionals with various backgrounds from local school districts who specialize in assistive technology and augmentative communication. They will spend time with your child, your child's teachers and related professionals to discuss his/her needs. At the end of this time, they will offer suggestions to help with the education and communication skills of your child. We would like your permission to evaluate your child and use video recordings or video conferencing to aid in the evaluation.

We also invite you to attend the evaluation and recommendation meeting. The date and time of the evaluation will be determined after the referral is submitted.

Please return this form at the earliest possible date.

Thank you.

\_\_\_\_\_ I hereby authorize the evaluation requested.

\_\_\_\_\_ I do not authorize the evaluation requested.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_