



Westmoreland Intermediate Unit 7
102 Equity Drive, Greensburg, PA 15601
724.836.2460 / www.wiu7.org

Assistive Technology Consultation Request

20 - 20

(Team Use)

Student Name:
School District:
School Building:
Team Contact:

(WIU Use)

Date Received (all completed documentation):
Received by:

To request an Assistive Technology consultation, please submit this completed form and supporting documentation to Sarah Wagner at swagner@wiu7.org.

Assistive Technology consultations will be scheduled **ONLY** after the Assistive Technology Consultation Request, ER/RR, and IEP have been emailed to the AT Educational Consultant. It is the team's responsibility to secure pre-approval by the Special Education administrator/LEA. Incomplete requests will be returned to the sender.

Sarah Wagner, M.S., OTR/L, ATP, Educational Consultant – Assistive Technology, swagner@wiu7.org - 724.219.2362
Megan Disher, M.S., CCC-SLP, Educational Consultant - Assistive Technology, mdisher@wiu7.org - 724-219-2360

The Assistive Technology Consultation Request form should be completed through a collaborative team effort. By completing and submitting this request, the team is committing to the process of exploring a student's needs for assistive technology across educational environments. Upon receipt of the documentation, the AT Consultant will schedule observation time and a team SETT meeting (required) during which AT suggestions, tools, and strategies will be discussed. An AT Action Plan will result from the SETT meeting.

Student Information:

Name:

Date of Birth/Age:

District/School/Grade/Support Type:

District of Residence (if different):

Team Contact Name:

Contact's Email:

Contact's Phone:

Contact's Fax:

Student and Team Availability:

Consider times during classes, activities, and therapy sessions in which Assistive Technology may be needed, as well as days and times the student and team members are available.

Please indicate the best time(s) for observation based on assistive technology needs.

Student arrival time:

Student dismissal time:

Student lunch:

Recess:

Therapy sessions (day/time) - OT:

PT:

Speech/language:

Vision:

Hearing:

Best times for team meeting:

Team Members:

Name	Team Role	Email	Phone
	Student		
	Parent/Guardian		
	General Educator		
	Special Educator		
	Principal		
	Speech Language Pathologist		
	Occupational Therapist		
	Physical Therapist		
	LEA/Special Ed Administrator		
	Other:		
	Other:		
	Other:		

The following documents are attached with this request:

- ER/RR
- IEP
- Work samples (if relevant)

Request must be approved by Special Education Administration (REQUIRED):

Director of Special Education/LEA Name and Signature <input type="checkbox"/> For electronic submission:	Date of Review The reviewer's name and review date must be indicated on the appropriate lines above. Checking this box indicates that this request has been approved by the designated school district liaison.
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The SETT Framework – Part I

Collaborative Consideration of Student Need for Assistive Technology Devices and Services

Student

:

Date:

	Student What are the specific areas of concern ? Include the student's functional and academic strengths and needs .	Environment In which settings are the needs noted? How do different environments during the school day impact the student's access and performance?	Tasks What curricular goals and activities are difficult for the student to complete? What tasks are expected of the student? How does the student complete tasks in comparison to peers?	Tools What no-tech, low-tech, and high-tech tools have been or are being used? Have these tools helped to increase student access and performance?
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Modified by Montgomery County, MD Public Schools Assistive Technology Team, Allegheny Intermediate Unit #3, Westmoreland Intermediate Unit #7

Additional information or comments: