



## **Assistive Technology Referral Packet**

### **Referral Checklist:**

- Student Referral Form with Attachments
- Completed AT Evaluation Questionnaire
- Current Individual Education Plan

Questions? Contact Us

**Phone: (401) 941-3322**

**Email: [info@in-sight.org](mailto:info@in-sight.org)**



**Step 1: Before the Evaluation**

- Decide what you expect the student’s outcome to be for the evaluation.**  
“What would you like to see the student do that they cannot do now?”
- Identify related goals from the student’s IEP.**

**Step 2: Intake and Pre-Evaluation**

IN-SIGHT’s Responsibilities	Your Responsibilities
Background information is gathered from the IEP team members	Send to IN-SIGHT <ul style="list-style-type: none"> <li><input type="checkbox"/> Student Referral Form with attachments</li> <li><input type="checkbox"/> AT Evaluation Questionnaire</li> </ul>
Evaluation is scheduled: <ul style="list-style-type: none"> <li>• <u>Team Meeting</u>: 30-minute meeting with IEP Team and/or Teacher of the Visually Impaired.</li> <li>• <u>Observation</u>: 15—30 minutes in class.</li> <li>• <u>Evaluation</u>: Up to two, 2-hour visits with the student and least one school staff person</li> <li>• <u>Feedback</u>: meeting with the team to review</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Arrange for a team meeting including parents, TVI, at least one teacher, and any other members who would implement the recommendations.</li> <li><input type="checkbox"/> At least one staff person (TVI) to work with us during the evaluation(s).</li> </ul>

**Step 3: Day of the Evaluation**

IN-SIGHT’s Responsibilities	Your Responsibilities
As outlined above.	Arrange rooms for: <ul style="list-style-type: none"> <li><input type="checkbox"/> Team Meeting</li> <li><input type="checkbox"/> Evaluation (can be the same room)</li> </ul>

**Step 4: After the Evaluation**

IN-SIGHT’s Responsibilities	Your Responsibilities
<ul style="list-style-type: none"> <li>• Our report is sent to you within two weeks.</li> <li>• Feedback meeting with the IEP team to review recommendations.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Decide whether you wish to approve the recommended assistive technology and technical assistance.</li> </ul>



# Student Referral for Assistive Technology Services

School District: \_\_\_\_\_

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

**Student Information:** *One form per student. If the service is not for an individual student, leave blank.*

Name: _____	Grade: _____	
Parent/Guardian Name: _____	Relationship: _____	
Address: _____		
City: _____	State: _____	Zip: _____
Daytime Phone Number: _____		
Email: _____		
DOB: _____	Gender: _____	Diagnosis: _____
Educational Classification: _____		

## Teacher of the Visually Impaired (TVI) Information

Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Daytime Phone Number: _____		
Email: _____		

**Service Requested:** *please choose one.*

### Evaluation

Hands on and on-site, we work with the IEP team to help determine what technology would support the student in meeting their goals including computer access, technology to support reading and writing, educational accommodations, accessibility, etc.

### Consultation

A consultation to assist the members of the IEP team to understand their assistive technology choices.

### \_\_\_\_\_ Hours of Support and Training (2 hour minimum per visit)

Also called "technical assistance," this can include equipment set-up, training and integrating the device (s) into the classroom.

What would like to see the student do, that they cannot do now?

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**Key School Staff** (*i.e., teacher, aide, therapists, people who would implement recommendations*)

Title	Name	Phone #	Email

Additional information we should know:

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**To make a referral:**

Step 1: Get authorization and PO for service from the Director of Special Education

Step 2: For evaluations and consults, current IEP, relevant reports, and a completed AT packet is required.

Step 3: Complete the packet and mail or fax to:

**IN-SIGHT**  
**Att: Assistive Technology**  
**43 Jefferson Boulevard**  
**Warwick, RI 02888**  
**Fax: (401) 941-3356**

**Assistive Technology Questionnaire**

This section is to be completed by the student's teachers

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

Grade: \_\_\_\_\_ Room # \_\_\_\_\_ Subject: \_\_\_\_\_

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

Directions: Please respond to relevant questions and skip any questions that you do not have the answer to.

**What would like to see the student do, that they cannot do now?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What supports/accommodations are already in place to help the student overcome identified difficulties?**

Accommodation	Task (i.e., note taking, short answers, homework)	How effective has this been, and why?

**Classroom Information**

How many computers are available in the classroom for student use? \_\_\_\_\_

What types computers are in the classroom?  PC  MAC

Does the student need to login under their own name?  YES  NO

Does the student have access to the computer during class time?  YES  NO

## Computer Skills

Use standard keyboard	<input type="checkbox"/> Independently	<input type="checkbox"/> Needs Assistance	<input type="checkbox"/> N/A
Uses standard computer mouse	<input type="checkbox"/> Independently	<input type="checkbox"/> Needs Assistance	<input type="checkbox"/> N/A
Reads from the computer screen	<input type="checkbox"/> Independently	<input type="checkbox"/> Needs Assistance	<input type="checkbox"/> N/A
Open a document	<input type="checkbox"/> Independently	<input type="checkbox"/> Needs Assistance	<input type="checkbox"/> N/A
Can name a document	<input type="checkbox"/> Independently	<input type="checkbox"/> Needs Assistance	<input type="checkbox"/> N/A
Use spell check	<input type="checkbox"/> Independently	<input type="checkbox"/> Needs Assistance	<input type="checkbox"/> N/A
Navigate the Internet	<input type="checkbox"/> Independently	<input type="checkbox"/> Needs Assistance	<input type="checkbox"/> N/A

**Reading and Writing:** what tasks are difficult for the student? Please rank these in order of importance

Rank	Mechanics of Writing	Rank	Composing Written Material
	Legibility:		Idea of Organization/ Pre-Writing:
	Speed:		Proof Reading:
	Fatigue:		Spelling:
	Other:		Other:

Rank	Reading Skills	Rank	Other
	Decoding:		Organizational Skills:
	Comprehension:		Daily Living/Life Skills:
	Speed:		Note Taking:
	Other:		Other:

**Are math skills an area of difficulty for the student?**  Yes  No

Math Subject: \_\_\_\_\_

Specify Math Program: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Describe Student's Difficulties: \_\_\_\_\_

**Please include any other important information about the student:**



# Assistive Technology Services Fee Schedule

As of January 1, 2020

IN-SIGHT provides AT assessments, consultations, and training services in the areas of:

- Educational software to support IEP goals.
- Technology for students with visual impairments
- Technology accommodations to support students in multiple settings.

**Assistive Technology Evaluation \*** **\$1,400**

*\*Includes multiple site visits, report, and follow-up meeting*

**Professional Consultation and Training** **\$115/hour**

**Technical Support \*** **\$95 /hour**

*\*includes computer set-up, software installation, etc., no direct service to student*

**AT Team / Program Development** **\$100/hour**

**Equipment Management (clinician time)** **\$95/hour**

**Equipment Purchase \*** **Varies**

*\* IN-SIGHT does not sell technology, but can assist with purchase*

**Equipment Loan for Trial** **Varies**

**Mileage Fees May Apply**