



Hawthorne Building
410 Hill Avenue
Grand Junction, CO 81501



State Wide Augmentative, Assistive, Alternative, Communication Team

**2013 – 2014
Written Language
Assistive Technology Referral**

NOTE: Written referrals are intended to support students that have written language goals in their IEP. Before submitting a Written Language Assistive Technology Referral, please verify the student has at least one written language goal in their IEP, and that Yes has been checked under “Does the student need Assistive Technology devices or services?” You may amend the student’s IEP by adding writing goals and checking Yes to the assistive technology question in the Consideration of Special Factors section of the IEP. (IEPs can be amended without holding a meeting if all parties agree with the changes being made and are willing to sign to that effect.)

Date: _____ **Date Received:** _____

Name: _____ **Student ID** _____

Date of Birth: _____ **Age:** _____ **Grade** _____ **Medicaid: YES** _____ **NO** _____

Diagnosis/Disability: _____

Parent/Guardian: _____ **Phone:** _____

Home Address: _____

School: _____ **Contact Person:** _____

School Address: _____

School Phone: _____ Program Placement: _____

Describe reason for referral: Is the student producing unintelligible text (handwriting) or having difficulty producing text demonstrated by poor spelling, grammar, and limited production (written language skills)? Attach writing sample.

Describe previous written language **interventions/strategies which have been used to correct or compensate for the student's handwriting deficit.** CoWriter, Write OutLoud, speech recognition, etc. are examples of strategies that may have been tried.

Describe fine motor skills and whether student receives OT/PT services: (Please attach writing samples.)

Name of the school and/or private OT/PT therapist(s): _____

Check if any of the following materials or devices has been used.

- Pencil grip
- Adaptive pencil or pen
- Raised line paper
- Clip board to stabilize writing surface
- Dycem to stabilize writing surface
- Inclined surface for writing
- Curriculum modifications
 - Shortened written assignments
 - Use of scribe
 - Verbal reports in lieu of written assignments
 - Copy of class notes provided to student
 - Other

- Access to computer word processing
 - Classroom
 - Computer lab
 - Portable device
 - Home
 - Other

Has the student had keyboarding instruction? YES _____ NO _____

If Yes, Program used? _____

Describe the student's keyboarding skills: (i.e. home row, use of two hands, all hands, etc.)

Name of person(s) completing this form

Please notify the staffing team of this request. Staffing team notified? YES _____ NO _____

Send completed form to: Curt Fischer, SWAAAC Coordinator, Hawthorne Bldg., 410 Hill Ave., Grand Junction, CO 81501 (970) 254-5432