

**Assistive Communication Referral**  
(To be completed by referring team)

Date referred: \_\_\_\_\_ Referred by: \_\_\_\_\_

Student Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Diagnosis/disability: \_\_\_\_\_

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

School: \_\_\_\_\_ Program: \_\_\_\_\_

School Phone: \_\_\_\_\_

What do you hope to gain from this referral/assessment?  
\_\_\_\_\_  
\_\_\_\_\_

What Communication strategies have been used? Were they successful?  
\_\_\_\_\_  
\_\_\_\_\_

**Summarize Relevant Current Status:**

Physical:  
Vision, Hearing, Overall Health Status, Medications:

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

Gross Motor, Positioning Head and Trunk control:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cognitive/Educational:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social/Emotional:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Communicative: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information:**

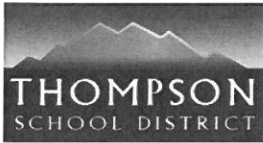
What are the interests of the child? \_\_\_\_\_  
\_\_\_\_\_

What types of toys/hobbies does this student enjoy? \_\_\_\_\_  
\_\_\_\_\_

What motivates this student? \_\_\_\_\_  
\_\_\_\_\_

What type of computer/computer software has this student used? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any other concerns of information you would like to add? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Assistive Communication Referral**  
(To be completed by parent/guardian)

Date referred: \_\_\_\_\_ Referred by: \_\_\_\_\_

Student Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Diagnosis/disability: \_\_\_\_\_

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

Home address: \_\_\_\_\_

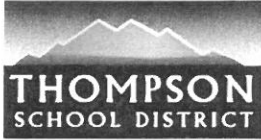
e-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_

What do you hope to gain from this referral/assessment? \_\_\_\_\_  
\_\_\_\_\_

What Communication strategies have been used? Were they successful?  
\_\_\_\_\_  
\_\_\_\_\_

Developmental history and current/past programming \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Written Language Referral**  
(To be filled out by team)

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents: \_\_\_\_\_ Phone : \_\_\_\_\_

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

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

School phone: \_\_\_\_\_ Contact Person \_\_\_\_\_

Diagnosis/disability: \_\_\_\_\_

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). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any intervention or strategy which has been used to correct or compensate for the students handwriting deficit.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check if any of the following materials or devices have 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

\_\_\_\_\_ Access to computer word processing

\_\_\_\_\_ Classroom

\_\_\_\_\_ Computer Lab

\_\_\_\_\_ Home

\_\_\_\_\_ Other

Has the student had keyboarding instruction? \_\_\_\_\_ yes \_\_\_\_\_ No

Describe the students keyboarding skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of person/people completing this form: \_\_\_\_\_

\_\_\_\_\_

Please notify staffing team of request. Staffing team notified? \_\_\_\_\_yes \_\_\_\_\_ no