

Kent ISD
Assistive Technology Referral
Educator Input Form

The following questions are intended to summarize information about the student as part of an assessment of the student's need for assistive technology.

Student's name: _____ BD: _____ Age: _____ Grade: _____

Parents/Guardian Name: _____ Address: _____

Home Phone: _____ Email: _____

District: _____ School: _____ School Phone: _____

Teacher/Contact Person: _____ District AT Contact Person: _____

Person(s) Completing Guide: _____

Disability/Education Category: _____

Current Placement:

- Home School/District Regional/Center-Based Program
 Birth-3/Early Childhood Elementary Middle School Secondary Post Second.

Classroom Setting:

- General Educ. Classroom % _____
 Resource Room % _____
 Self-Contained Classroom % _____

Current Related Services Received:

- Occupational Therapy Physical Therapy Speech Social Work Other

Current Goals/Objectives (stated generally):

I would like assistive technology consideration to address the following areas:

The **SETT Framework** is a guideline for gathering data in order to make effective assistive technology decisions. The SETT Framework considers first, the STUDENT, the ENVIRONMENT(S) and the TASKS required for active participation in the activities of the environment, and finally, the system of TOOLS needed for the student to address the tasks.

