

**Kent ISD  
Assistive Technology Referral  
General 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: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Email: \_\_\_\_\_

Content Area: \_\_\_\_\_ School: \_\_\_\_\_

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

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Provide as much information as possible in each of the 4 categories:

**Student Abilities & Concerns:** (Academic, Motor, Communication, Social/Emotional, Vision, Hearing, or Other)

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**Environments** - where the student needs accommodation, number of students, amount of adult support, technology available, etc.:

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**Tasks** - specific activities that the student needs to accomplish with a different method/strategy/tool:

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**Additional comments or information:**

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\_\_\_\_\_  
Educator Signature

\_\_\_\_\_  
Date