

**Kent ISD**  
**Assistive Technology Referral**  
**Parent Input Form**

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

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
District: \_\_\_\_\_ Building: \_\_\_\_\_

The **SETT Framework** is a guideline for gathering data 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, before identifying the appropriate *TOOLS* or strategies.

**Current Goals/Objectives:** \_\_\_\_\_  
\_\_\_\_\_

**STUDENT:** What do you believe are your child's strengths & concerns educationally? (academic, motor, communication, social, vision, hearing, etc.)

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

**ENVIRONMENTS:** Where does your child need accommodation or differing strategies?

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

**TASKS:** What specific academic/educational tasks, *as related to IEP goals/objectives*, would you like to see addressed with assistive technology?

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

**TOOLS:** What assistive technology/accommodations have you tried, or are currently being tried with your child? List when and with what level of success.

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

Parent/Guardian Signature: \_\_\_\_\_  
Date: \_\_\_\_\_