

Kent ISD
Early Childhood Assistive Technology Referral
Staff Input

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

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

Parents/Guardian Name: _____ Address: _____

Home Phone: _____ Email: _____

School/Program: _____ School Phone: _____

Teacher/Contact Person: _____ Email: _____

District AT Contact: _____ Email: _____

Other Team Members: _____

Person(s) Completing Guide: _____

Disability/Education Category: _____

Current Placement:

- | | |
|--|--|
| <input type="checkbox"/> Home School/District | <input type="checkbox"/> Regional/Center-Based Program |
| <input type="checkbox"/> Birth-3/Early Childhood | <input type="checkbox"/> Elementary |

Current Related Services Received:

- | | | | |
|---|---|---------------------------------|--------------------------------|
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Speech | <input type="checkbox"/> Other |
|---|---|---------------------------------|--------------------------------|

Primary Educational, Functional and Communication Function and Concerns:

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.

