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Student Assessment Referral/Intake Form

Fill out completely and fax or mail with **Purchase Order** or Individual Service Agreement, Parent/Guardian authorization for “**Release of Information**”, and all **IEP, progress, and assessment reports** from the last 12 months.

Date _____ Student name: _____

Birthdate: _____ Age: _____ Grade: _____

Parent(s): _____ Home phone: _____

Cell Phone: _____ E-mail: _____

School Contact: _____ Title: _____

Phone: _____ E-mail: _____

District Contact: _____ Title: _____

Phone: _____ E-mail: _____

Describe the student's strengths and interests:

Describe the student's deficits and dislikes:

Describe recent/current tools and strategies that assist the student to participate in class and/or meet educational goals:

What specific tasks that may be aided with AT should be the focus of this assessment? (Please rank in order of importance):

1. _____
2. _____
3. _____

Describe the types of computer hardware, software, and other technology available to the student in these environments:

At Home:

At School:

List the primary activities for which the student uses this computer and other technology:

1. _____
2. _____
3. _____

Please list all other specialists who currently work or recently have worked with this student:

Name: _____ Title: _____

Phone: _____ E-mail: _____

Name: _____ Title: _____

Phone: _____ E-mail: _____

Name: _____ Title: _____

Phone: _____ E-mail: _____

Name: _____ Title: _____

Phone: _____ E-mail: _____

This form completed by: _____

Please include the following:

Purchase order Information Release IEPs Progress reports Assessments

Completed Assistive Technology Assessment should be sent to:

Name: _____ Title: _____

Address: _____

Name: _____ Title: _____

Address: _____