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Student Assessment Referral/Intake Form

Fill out both pages and fax or send with Purchase Order or Individual Service Agreement and Parent(s)/Guardian(s) authorization for "Release of Information"

Date: _____

Student's Name: _____ Birthdate: _____ Age: _____

Grade: _____ Placement: _____ School Phone: _____

District: _____ School: _____

General Ed Teacher: _____ Special Ed Teacher: _____

School Address: _____

Case Manager/Sp Ed Staff: _____ Phone: _____

Parent Name(s): _____ Phone: _____

Address: _____

Describe student's strengths and interests:

Describe past/current adaptations or strategies created for the student to participate in classwork:

Describe student's current use of technology (computer, software, adaptive equipment):

Describe the classroom/subject/type of assignment/skill etc. where the student is having trouble:

What are the goals for consultation? (Please rank from 1 – 4: 1 being most important)

1. _____
2. _____
3. _____
4. _____

What are the specific academic/vocational goals on the IEP that may be achieved with technology?

(Please rank from 1 – 4: 1 being most important)

1. _____
2. _____
3. _____
4. _____

Present Home Computer Mac Windows

Software used: _____

Current Computer Access at School

Is the purchase of a new computer being considered? Yes No

Input Method mouse keyboard switch alternative keyboard

Specific type of computer Mac Windows RAM: _____ Hard Disk _____

Type of Disability(s) visual hearing motoric communication

learning disability other: _____

Current Related Services Checklist (Please attach most recent report(s))

- | | |
|--|--|
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Positive Behavioral Intervention Plan |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Augmentative & Alternative Communication |
| <input type="checkbox"/> School Assessment | <input type="checkbox"/> Completed Assistive Technology Assessment |
| <input type="checkbox"/> Speech/Language Pathology | <input type="checkbox"/> Other: _____ |

This form completed by: _____ Teacher Parent
Other

Completed Assistive Technology Assessment should be sent to: _____

Please bring any tray, special seating, hearing aides, glasses etc. to the assessment