



Regional Assistive Technology Center

Cooperative Educational Services
25 Oakview Drive
Trumbull, CT 06611

Academic Assistive Technology Referral Form

This referral form has been created for use by school districts to request an Academic Assistive Technology evaluation by CES. It is to be completed at a district PPT meeting as a part of the decision to request CES' involvement in conducting an Academic AT evaluation. Once completed, please submit this form by secure email to tremblaa@ces.k12.ct.us or by mail to the above address.

Student Information

Name: _____ D.O.B. _____ Date of PPT: _____
School District: _____ School: _____ Grade: _____
Disability: _____ Services: _____
Primary Contact: _____ Phone Number: (____) _____
Email address: _____ Role/Relationship to Student: _____
Special Education Director: _____ Phone Number: (____) _____
Parents' Name(s) _____ Phone # (____) _____

Person(s) requesting the referral: PPT Team Teachers Parents Other: _____

Reason for the referral: _____

Identify <i>any area</i> that is preventing the student from accomplishing IEP goals.	Describe what it is that this student is expected to do in the classroom that she/he is not able to do/perform/achieve.
<input type="checkbox"/> Motor Aspects of Writing	
<input type="checkbox"/> Composing Written Material	
<input type="checkbox"/> Reading	
<input type="checkbox"/> Math	
<input type="checkbox"/> Learning and Studying	
<input type="checkbox"/> Other	