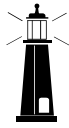


**NEWPORT NEWS PUBLIC SCHOOLS**



**Assistive Technology Classroom Referral Form**

**Date:**

**Teacher:**

**School:**

**Disability Placement:**

1. Identify the students needs which impact their the ability to learn and function:  
a. \_\_\_\_\_ b. \_\_\_\_\_

c. \_\_\_\_\_ d. \_\_\_\_\_

2. Identify the class(es)/activities/environment(s) where the student is having difficulty:  
Classroom    Library    Cafeteria    Gym    Transitioning (classes, activities)  
Bathroom    Resource Rooms (music, art, etc.)    CBI  
Other \_\_\_\_\_

Handwriting    Math    Computer Access  
Written Expression    Learning/Study Skills    Communication  
Spelling    ADL    Environmental Control  
Reading    Vision    Hearing  
Other \_\_\_\_\_    Positioning/Seating    Mobility

3. What accommodations/modifications and strategies to include assistive technology, software and other devices do you have in place to assist the students in accomplishing tasks? (See Accommodations Sheets)

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

Explain why these accommodations/modifications and strategies are **not** meeting the needs of the students.

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

**Review of Information indicates:**

New Classroom referral to assist the teacher in engineering the classroom and provide support for the school year \_\_\_\_\_.

Referral for an engineered classroom to receive support services for the school year \_\_\_\_\_ from the Assistive Technology Resource Center.

**Observation Times:** Give days and times for an ATSP to come and observe.

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

Teacher Signature: \_\_\_\_\_

