



### Multnomah ESD AT/AAC Evaluation Referral Form

<b>Student Name</b>	Birthdate	Age
Student Address	City	Zip code
<b>Parent/Guardian Name</b>	Home phone	Work phone
Preferred method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email (If email, please provide address below):		

School	Teacher	Grade
Resident School District	IEP Y/ N or 504 Y/ N	AT mins on IEP? Y/ N

#### Service requested:

<input type="checkbox"/> <u>AT/AAC Evaluation and Recommendations Report</u> <ul style="list-style-type: none"> <li>• Written parent/guardian permission required</li> <li>• Baseline collection/SETT meeting with team input</li> <li>• Trials and data collection of equipment at school</li> <li>• Evaluations may require more than 60 school days- delays to the assessment will be communicated with the IEP team in writing</li> <li>• Recommendation report will be shared with IEP team</li> </ul>	<input type="checkbox"/> <u>Consultation Visit and Report</u> <ul style="list-style-type: none"> <li>• Assess effectiveness of current tool/strategy/approach</li> <li>• Summary of response to intervention data available</li> <li>• Summary of AT/AAC equipment, strategies, tools</li> </ul>
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#### Reason for referral:

Referring contact Person and email address: \_\_\_\_\_

\_\_\_\_\_  
Signature of **Authorized Special Ed. School District Official**

\_\_\_\_\_  
Date