VALLEY SCHOOL DISTRICT

555 West Valley Rd, Yakima, WA 98902

SPECIAL EDUCATION

Phone: (509) 456-8596 Fax: (509) 658-9856

Please fill out this form with your team members, remembering to include parents in this process. Send the completed form and the signed AT Consultation/Screening Parent Notification Form to the Assistive Technology Specialist.

AT/AAC Consultation/Screening

Student name	Jason Pa	itterson	Student #	49
Date of Birth	2/6/2002	Grade: 1	Age: 8 y 7 m	
School District	:		Serving School	
Disabling Cond	lition			
sensory loss, te instructional h	acher recom istory, grade	mendations, academic, retention, any previous	preacademic history, current	relevant medical/developmental history, placement in general education, nd their results, and other factors, nt(s)):
What is the en	vironment i	n which the student n	nay use AT?	
What is the ta	sk (or tasks)	in which the team we	ould like the student to parti	cipate more independently?

What tools (i.e., interventions, technology, equipment or other solutions) has the team already tried?					
Other questions to guide this process:					
What barrier(s) is the student facing?					
What difficulty is the team encountering?					
Why is the team requesting this consultation?					
The state terms requesting this constitution.					
	ember of the evaluation group below certifies that the evaluation on report does not reflect his/her conclusions, he/she must aclusions.):				
Signature/Title:	Date:				
Signature/Title:	Date:				
Signature/Title:					

Please attach the following:

- Current IEP;
- Relevant student information; and

• Assistive Technology Consultation/Screening Parent Notification form, and send them to the Assistive Technology Specialist when completed.