

**AT/AAC Consultation/Screening Recommendations**

Student name Jason Patterson Student # \_\_\_\_\_ DOB 2/6/2002 Date 9/21/2010  
Serving school \_\_\_\_\_ IEP Mgr. \_\_\_\_\_ Grade 1 Age 8 y 7 m  
Disabling Condition \_\_\_\_\_

**Observations:**

**Recommendations:**

**Roles & Responsibilities:**

*Please return this form to the Assistive Technology Specialist when completed.*