CONTRA COSTA SPECIAL EDUCATION LOCAL PLAN AREA

ASSISTIVE TECHNOLOGY AND AUGMENTATIVE & ALTERNATIVE COMMUNICATION CONSIDERATION PACKET

Each IEP team must annually consider Assistive Technology (AT) for students with disabilities and determine whether there is a need for devices and/or services.

Tier I and II Interventions **must** be implemented by school based teams before a referral packet may be submitted.

Tier 3 Expert Panel

Neutral Multidisciplinary, Multi-agency Panel Consultation to determine strategies for AT/AAC & receive consultation on matching features of technology to student goals. Leave with an action plan to guide next steps.

For SELPA Expert Panel consultation, send packet to:

Contra Costa SELPA Coordinator
Contra Costa SELPA
2520 Stanwell Dr., Suite 270
Concord, CA 94520
FAX: (925) 825-1124
ldomenico@ccselpa.org

- ***Not making progress with current AT/AAC?***
- ***Differing opinions on how to implement AT/AAC?***

- Determine strategies for implementing AT/AAC
- Define potential AT/AAC outcomes and next steps
- Receive consultation on matching features of technology to student goals
- Leave with resources for exploration
- Leave with an action plan to guide next steps

Student's name: _____ **District:** _____

Reason for referral: _____

_____

Signature of Referring District Director

The following documentation **must** be attached for all referrals for consultation (Incomplete packets will be returned):

- ❑ Release of Information that has been signed by parent (included in packet)
- ❑ Most recent IEP, including goals (highlight specific goals you would like addressed during consultation)
- ❑ Most recent psycho-educational/triennial evaluation (last complete psychological evaluation is required if file review was used for the last triennial evaluation.)
- ❑ Current evaluations from all related service providers (i.e., SLP, OT, APE, CCS)

Do not write in this box when making a referral.

Date received by SELPA: _____

Signature: _____
Coordinator SELPA

Action Taken:

❑ Date Panel Consultation Scheduled_____ Date Completed_____

❑ Other_____

PARENT CONSENT FOR RELEASE OF INFORMATION

This information will be shared among representatives on the AAC/AT Expert Panel from Center for Accessible Technology, California Children's Services, Mt. Diablo USD, San Ramon Valley USD, Contra Costa SELPA, West Contra Costa USD, Speech Pathology Group, and the Contra Costa County Office of Education. All materials will be destroyed or returned to the district of residence upon completion of the AAC/AT consultation activity.

_____ _____
Name of Student Birth date

Information to be *released* by:

_____
Name of Professional or Agency

_____
Street Address

_____
City, State, Zip

Information to be *received* by:
Contra Costa Special Education Local Plan Area (SELPA)

Please sign and date below.

_____ _____
Signature of Parent or Guardian Date

AT/AAC Expert Panel Request
Student Information

Student:_____D.O.B_____Age:_____ _ Grade_____

Disability (yes): _____

Parent: _____Phone #: _____E-mail: _____

District of Residence: _____

Professional Initiating Request: _____Role:_____

Phone #_____E-mail: _____

Program Specialist: _____Phone #:_____

E-mail: _____

Teacher: _____Phone #:_____

E-mail: _____

Case Manager: _____Phone #:_____

School District Point Person for Collaboration in implementation: _____

E-mail:_____

School of Attendance:_____ Address: _____

Please include contact names and phone numbers for all related service providers.

❑ Speech/Language Name: Ph #: E-mail:	❑ Occupational Therapy Name: Ph #: E-mail:
❑ DHH Services Name: Ph #: E-mail:	❑ Physical Therapy Name: Ph #: E-mail:
❑ Vision Services/Orientation & Mobility Name: Ph #: E-mail:	❑ School Psychologist Name: Ph #: E-mail:
☐ Behavior Support Name: Ph #: E-mail:	☐ District Technology Contact Name: Ph #: E-mail:
☐ California Children Services Name: Ph #: E-mail:	☐ Other Name: Ph #: E-mail:

What is the expectation for making this referral to the AT/AAC Expert Panel?

_____

_____

Vision functioning: _____ Date of Last Screening: _____ Pass / Fail

List Accommodations: _____

Hearing functioning:_____ Date of Last Screening:_____ Pass / Fail

List Accommodations: _____

Communication:

Current level of receptive language: _____ Age approximation: _____

Current level of expressive language: _____ Age approximation: _____

❑ Speech intelligibility: _____%

Present means of communication: (**Check all that are used then circle the primary method used.)**

❑ Eye-gaze/eye movement ❑ Facial expressions ❑ Gestures ❑ Pointing ❑ Sign Language approximations

❑ Objects ❑ Pictures

❑ Sign Language # of signs: _____ # of combinations: _____# of signs in a combination: _____

❑ Vocalizations, list examples: _____

❑ Vowels, vowel combinations, list: _____

❑ Single words, list examples & approximate #: _____

❑ 2 word/3 word utterances

❑ Communication board/book, # of pages and vocabulary: _____

_____

❑ PECS: # of pictures and vocabulary for system: _____ Phase level: _____

❑ Speech generating device (Name of device): _____

Applications: _____

Access method: _____ (i.e., touch screen, keyboard, mouse, switch)

❑ Writing: _____

❑ Other: _____

Behavior

Does the student's behavior impede learning of self or other? ❑ No ❑ Yes

If yes, describe behavior and list interventions:

_____

_____

Tier I and II Interventions for Assistive Technology/Augmentative Alternative Communication

1. Please list any parent concerns:

_____

_____

_____

2. What areas are impacted?

□ Seating, Positioning and Mobility
□ Mathematics
□ Computer Access
□ Composition of Written Material
□ Other:

□ Communication
□ Motor Aspects of Writing
□ Hearing
□ Reading

□ Recreation and Leisure
□ Organization
□ Vision

_____

_____

3. What are the tasks that the student needs to be able to accomplish to meet IEP goals?

_____

_____

_____

_____

4. Please reference IEP goals that could be considered for AAC/AT support:

_____

_____

_____

_____

_____

_____

PLEASE REFERENCE THE MODEL BELOW, DOCUMENT TIER I AND II INTERVENTIONS

Feel free to write in the boxes provided below to the right of the pyramid.

5. List the current interventions/accommodations the student is receiving? Are they working? Why or why not? (Attach additional pages if necessary)

_____

_____

_____

Tier III (3) (Few students)
Intensive, Individual
Implementers: AT/AAC Specialist High tech solutions

Tier II (2) (Some students)
Targeted interventions, Intervention Plan, Progress Monitoring, Explicit Instruction of AT tool
Implementers: Specialists (OT, SLP, ISP, Psychologist, Behaviorist)
Mid-tech solutions (/AAC Consultation):

_____

_____

Implemented by (List staff):

_____

_____

Tier I (1) (Most students)
Consideration of AT/AAC during the IEP Meeting
Implementers: Classroom Teachers
Light technology solutions (List AT/AAC):

_____

_____

_____

Implemented by (List staff):

_____