The Arc
Chester County

Information Assistive Technology Resource Referral Form

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Please take a moment to thoroughly complete all the sections of this form. It is very helpful to have input from the individual's entire team (individual, supports coordinator, direct care staff, parents, employer, etc.) and copies of any prior assistive technology assessments. This essential information will provide the observation team with the background details needed to springboard the initial session.

Individual's Name: _____

Individual's Date of Birth (must be 21 years of age or older): _____

Individual's primary language: _____

Individual's Preferred Method of Contact (if applicable):

☐ Phone: _____

☐ Email: _____

Caregiver's Preferred Method of Contact (if applicable):

Name and Relationship to Individual: _____

☐ Phone: _____

☐ Email: _____

Is the individual registered with the Chester County Intellectual Disability Office ? ☐ YES ☐ NO

If NOT, with what County is the individual registered or what is the registration status with the Chester County Intellectual Disability Office? _____

Please check any of the following environments in which the individual participates:

☐ Individual's Home ☐ Family Home ☐ Life Sharing/Residential ☐ Day Program

☐ Employment (please describe) _____

☐ Community Based Program/Activities (please describe) _____

☐ Recreation/Leisure Activities (please describe) _____

Name of Supports Coordinator: _____

Name of Supports Cooridinator Organization: _____

Supports Coordinator's contact information:

☐ Phone: _____

☐ Email: _____

Name of Referring Agent/Person: _____

Referring Agent's Contact Information (Person completing the form if other than Supports Coordinator):

☐ Phone: _____

☐ Email: _____

Role/Relationship to individual: _____

Reason for the Referral: _____

_____

Diagnosis (primary and secondary, if applicable) _____

_____

Additional factors that may impact the type of assistive technology trialed:

☐ Vision _____

☐ Hearing _____

☐ Motor _____

- Circle which part of the body that the individual can control on their own.

head arm fingers elbow foot toe fist eye other: _____

☐ Behavioral _____

☐ Other _____

Individual's strengths and abilities: _____

_____

Individual's difficulties and challenges: _____

_____

How does the individual currently communicate with others (check all the that apply)?

☐ Verbal ☐ Word Approximations ☐ Gestures ☐ Signs ☐ Photographs

☐ Picture Symbols ☐ Other: _____

How do others communicate with the individual?

☐ Verbal ☐ Gestures ☐ Signs ☐ Photographs

☐ Picture Symbols ☐ Other: _____

How does the individual demonstrate understanding of language?

☐ Responds to familiar words/routine directions

☐ Responds to yes/no questions

☐ Responds to unfamiliar directions

☐ Responds to WH questions (Who brought you to work? What did you have for dinner? Why is Susie upset? Where is the cookie?)

Please describe any of the above as it relates to the referral.

_____

_____

Describe how the individual tells you when s/he…

Wants an object/action _____

Wants more of something _____

Wants something to stop _____

Is hungry or thirsty _____

Needs help with something _____

*****Please include copies of previous and/or current assessments and communication services received.

_____

_____

Please describe any assistive technology currently used and/or tried for communication:

☐ Low-tech devices: Object exchange, picture communication (Core Board, Picture Exchange Communication System (PECS), photographs), etc.

_____

☐ Medium-tech devices: Switches, Go Talk, or other paper overlay on voice output devices, etc.

_____

☐ High-tech devices: Tobii-Dynavox, NovaChat, Accent, computer, etc.

_____

☐ Tablet/iPad with communication app:

_____

☐ Other:

_____

☐ Any known adaptations to access (stylus, key guards, slanting/slant board):

_____

Please indicate any challenges that the individual has had with any of the above by marking the appropriate box and describing below.

☐ The system/device was meeting the communication need and appropriate for the client but no longer available.
☐ The system/device does not seem to be meeting the communication needs.
☐ The team has challenges with how to use the system/device.

Please describe the challenges.

Submit form to:

Mail:

The Arc of Chester County
Attention: AT Resource
900 Lawrence Drive, West Chester, PA 19380
OR
Fax: 610-696-8090
OR
Email: ATResource@arcofchestercounty.org