**Assistive Technology Consultation/Observation Form**



This form is used by the Flagstaff Unified School District as a tool to request a consultation/observation for a student who may need specialized instructional supports or assistive technology tools and/or strategies. The completion of this form is initiated by the student’s IEP Team Member(s) and/or ESS Program Specialist. The student team should be asked for input in regards to completion of this form.

Upon receipt of this form a staff member from Project MATTERS will contact the IEP Team Member or ESS Program Specialist to arrange for a consultation/observation date/time. This is typically a 60 minute visit during which the student is observed and the Project MATTERS staff take time to ask additional question of the student’s team.

**Return this form electronically via email to** [**jdoneski-nicol@fusd1.org**](mailto:jdoneski-nicol@fusd1.org) **to request an assistive technology consultation/observation.**

*\*As these documents are transmitted electronically please do not use student names on these forms. When the form is submitted Project MATTERS can look up student information using the student ID number.*

**TYPE OF REQUEST**

**Consultation to the Team  Observation of Student and Consultation to the Team  Other** Click or tap here to enter text.

**STUDENT INFORMATION**

**Student ID Number:** Click or tap here to enter text.

**Grade:** Click or tap here to enter text. **School Site:** Click or tap here to enter text.

**Case Manager:** Click or tap here to enter text. **Case Manage E-Mail:** Click or tap here to enter text.

**Current Related Services/Providers (Name of Service Provider and Service Provided):**

Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text.

**HISTORY OF ASSISTIVE TECHNOLOGY NEEDS/USE:**

Describe any assistive technology which the student is currently using or has used in the past and the success or challenges with these tools.

**AREAS OF NEED**

Use the table below to identify areas of need that should be addressed during the observation/consultation, tasks that the student is unable to complete, and concerns the team has or barriers the student is encountering.

|  |  |  |
| --- | --- | --- |
| **Specific Area of Need:** Indicate the student’s current area(s) of need (e.g., reading, writing, math, communication, vision, hearing, organization, etc.) | **Tasks:** Identify specific tasks in this area that are difficult or impossible for the student to complete or participate in given their expected level of independence. | **Concerns/Barriers:** Are there specific concerns or barriers encountered when the student attempts this task? These are the areas which you are anticipating assistive technology tools and/or strategies may assist the student. |
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**What data has been collected on the above areas of need specific to progress or barriers which will provide evidence to support the need for assistive technology?**

**Other questions or concerns which the student, family, or team may have:**

**TO BE COMPLETED BY PROJECT MATTERS STAFF**

**Date of Consultation/Observation:** Click or tap here to enter text.

**Observation Notes:**

**Plan:**