



Cape Cod Collaborative
Assistive Technology
 Lyle School, Otis ANGB, MA 02542
 Tel: (506) 564-5099 Fax: (508) 564-5263

Referral for Assistive Technology Services

Student's Name: _____ Birth Date: _____
 District: _____ School/Program: _____ Grade: _____
 Name of Parent: _____ Phone: _____
 Address: _____
 Referring Person: _____ Phone: _____
 Contact Person (if different from referring person) _____
 Phone: _____

1. Check the specific areas of concern that directly impact the student's educational performance:

- Cognitive development/mental abilities
- Reading
- Written Language
- Math
- Communication
- Study/ Organizational Skills
- Social Behavior
- Motor Skills
- Hearing
- Vision
- Self-Help Skills
- Other

2. Please check type of service needed:

- Student Assistive Technology Evaluation (Please note issues you want addressed in this evaluation:

- Assistive Technology device/software training for staff and/or parents

Referral for Assistive Technology Services Approved by:

Special Education Administrator

A copy of the current IEP must be returned with this form to Cape Cod Collaborative.