



area cooperative educational services  
 Assistive Technology Services  
 204 State Street  
 North Haven, Connecticut 06473  
 203-498-6863 (voice)  
 203-498-6891 (fax)

Agreement for Assistive Technology Services Evaluation  
 Agreement between Area Cooperative Educational Services  
 Assistive Technology Services  
 and  
 Public Schools (2018-2019)  
 Contact:

Area Cooperative Educational Services agrees upon the request of the above Public School to provide Assistive Technology Services as detailed in the procedures below and subject to the terms outlined. These terms are effective from July 1, 2018 through June 30, 2019.

Assistive Technology Evaluation Services Requested:

Student's name:	15-18 Hours
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Evaluation Checklist:

- Signed Agreement for Assistive Technology Services
- Completed ACES Assistive Technology Evaluation Referral form
- Current IEP, including Parental Consent for requested services
- Release of Information
- Relevant Assessments / reports as per specific student (occupational therapy, physical therapy, speech-language, medical information, vision, educational, psychological, social work)

**B) Billing:**

1. Cost is \$135.00 per hour for the requested services including travel time. (The estimated time for record review, observation, team meetings, initial assessment including assistive technology trials, documentation, other indirect services, and conference is 15-18 hours, pending the individual needs of the student. Please note: Assistive technology assessments for students with multiple challenges may exceed 20 hours. Training, assistive technology configuration, and implementation support will require additional service hours.)
2. Non-ACES members will be invoiced at regular hourly rates plus mileage rate at the IRS approved mileage reimbursement rate, effective the 1<sup>st</sup> of January each year.
3. All service time is described and recorded on a monthly time sheet and submitted with the invoice. Payment is expected 30 days after the invoice is rendered. Fees are billed on actual hours used.

\_\_\_\_\_  
 Thomas M. Danehy, Ed.D., Executive Director, ACES

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature, Requesting Agency Representative

\_\_\_\_\_  
 Date

\*Mail all paperwork to:  
 Vanessa Taragowski  
 ACES Director of Pupil Services  
 204 State Street  
 North Haven, CT 06473



**Area Cooperative Educational Services  
Assistive Technology Evaluation Referral (2018-2019)**

Assistive Technology is the provision of service, training, and/or assistive device utilized to meet the specific objectives within the student's Individual Education Plan (IEP) and/or 504 plan. A collaborative team process is suggested in compiling this referral information pertinent to the assistive technology assessment.

**Assistive Technology Services Requested**

<input type="checkbox"/> <b>AT Evaluation with a primary focus on device or software selection with educational strategies</b>	<p>An assistive technology evaluation looks at the results of all recent evaluations, along with the current IEP goals and objectives. The evaluator will interview people who work with the student, talk with the student's parents, and interact directly with the student and the devices. The environment is carefully examined, especially when the device has to work in a variety of settings. The actual evaluation process consists of considerable observation coupled with trials with a full range or continuum of possible devices from low to high technology. Data gathered from these trials about the effectiveness of various technologies to meet the student's needs. Information is collected concerning the student's ability and accuracy when using various technologies, including the positioning and settings that work best. Finally, the student's and family's feelings about the actual devices tried are duly noted.–CT State Guidelines for Assistive Technology</p>
<input type="checkbox"/> <b>AT Evaluation with a primary focus on current speech functioning and feature matching for device selection</b>	<p>A speech and language evaluation will be conducted to establish the student's current communication strengths and weaknesses. This evaluation will consist of staff and family interviews, observations, and trials focusing on the students' communication needs, current level of prompting, and future goals. Data gathered from the speech and language evaluation will be paired with an evaluation of assistive technology to support the students' communication program.</p>

**After the team completes this ACES Assistive Technology Services referral form:**

- 1) Obtain the family's input regarding the assistive technology evaluation. Instruct the family to complete the **ACES Assistive Technology Services Parent Intake Form**, and mail or fax the form as indicated on the form.
- 2) Send this **ACES Assistive Technology Services Evaluation Referral form** to the assigned special education supervisor or assigned designee. Please include all pertinent reports:
  - current IEP, including the PPT's permission for the assistive technology evaluation
  - AT contract
  - release of information
  - permission to test (if not in IEP)
  - educational report
  - psychological report
  - occupational and physical therapy reports
  - speech/language report
  - medical report(s), including visual report(s)
  - social service report(s)
- 3) The special educator supervisor, or assigned designee, will mail the completed referral packet, including the *signed* **ACES Assistive Technology Services Agreement** to:

Vanessa Taragowski, ACES Director of Pupil Services  
204 State Street, North Haven, CT 06473



## Assistive Technology Services Evaluation Referral Information

Student's name:		Date:
Disability:		DOB:
School:	School System:	Grade:
Special Education Supervisor:	Phone:	Fax:
Special Education Teacher:	Special Education Teacher Email:	
Regular Education Teacher:	Email:	
Designated contact person (if different from above):		Title:
Email:		Phone Number:
Parent:		Phone:
Parent Email:		

### Check educational strategies, modifications, and/or "low" technology implemented:

<input type="checkbox"/> Directions modified or simplified	<input type="checkbox"/> Enlarged or bold print	<input type="checkbox"/> Heavy or raised line paper
<input type="checkbox"/> Assignments shortened	<input type="checkbox"/> High contrast	<input type="checkbox"/> Scanning of text
<input type="checkbox"/> Highlighter or marker or template [circle/highlight]	<input type="checkbox"/> Manipulatives	<input type="checkbox"/> Adapted desk or tray or table [circle/highlight]
<input type="checkbox"/> Tape recorder or taped text [circle/highlight]	<input type="checkbox"/> Transcription by others	<input type="checkbox"/> Preferential seating Click here to enter text.
<input type="checkbox"/> Verbal response instead of written response	<input type="checkbox"/> Slant board or easel	<input type="checkbox"/> Adapted writing implements [type] Click here to enter text.
<input type="checkbox"/> Pointing/gestures instead of written response	<input type="checkbox"/> Talking calculator	<input type="checkbox"/> Spoken text to accompany print
<input type="checkbox"/> Graphics to communicate ideas	<input type="checkbox"/> Talking dictionary/spell check	<input type="checkbox"/> Other(s): Click here to enter text.

### Current Computer Use: [Check all that apply]

The student uses a computer:	<input type="checkbox"/> never	<input type="checkbox"/> at school	<input type="checkbox"/> at home	<input type="checkbox"/> for word processing	<input type="checkbox"/> for games	<input type="checkbox"/> other

**Current Assistive Technology Used [complete all applicable sections]**

<b>Assistive Technology Device</b>	<b>Type and/or Manufacturer/Model and/or Platform/Operating system</b>	<b>Features</b> e.g. screen enlargement, voice output, special switches, word prediction
Computer		
iPad or similar device		
Commonly used apps		
Manual Communication Board		
Augmentative Communication Device		
Vision Aids		
Amplification System		
Manual Wheelchair		
Power Wheelchair		
Adapted Classroom Chair		
Ambulation Aids		
Alternative Positioning Equipment		
Writing Aids		
Environmental Control/Adapted Toys		
Educational Software		
Other:		

**Information to Guide AT Evaluation Process**

*List the questions you want addressed by an assistive technology assessment/referral. (Ex: How can grade level reading material be accessible to student with a reading level of \*\*?)*

- 1)
- 2)
- 3)

**List the IEP objectives the assistive technology evaluation will support.**

<b>Goal #</b>	<b>Objective #'s</b>

**What is the functional area of concern?** What does the student need to be able to do that is difficult or impossible to do independently at this time that prohibits progress on IEP objectives listed above? *(Example: Student needs to be able to take notes independently in his/her regular education classroom, Student needs to independently communicate his need to use the bathroom to various staff members.)*

- 1)

2)

3)

**What are the current barriers to the student completing expected tasks?**

Task (related to IEP objectives listed) <i>Ex. write a 5 paragraph essay</i>	Barrier <i>Ex. organization of main idea and details, sentence structure, spelling</i>
<i>Ex. Socialize with peers</i>	<i>Ex. student does not initiate interaction with peers</i>

**What would success look like?** With an effective assistive technology plan, the team would like to see the student be able to... *(Ex: Student will be able to complete a 2-3 paragraph written assignment with minimal prompting in the regular education classroom and in the resource room, Student will be able to independently say "please", "thank you" and "excuse me" to various individuals in the school community)*

1)

2)

3)

**Is the student expected to transition to a new environment? When? What demands will this pose?**

Transition	When	Demands

**If communication based: How does the student currently communicate?** Is the student dependent on teachers/staff to initiate, only echolalic, etc.



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## Parental Input and Information Form

Your child has been referred by the educational team for an assistive technology assessment or consultation. This information will help the consultant provide appropriate assistive technology suggestions to the team.

**Please return this completed form to: Vanessa Taragowski: ACES Assistive Technology Services at the above address, fax, or via email [[vtaragowski@aces.org](mailto:vtaragowski@aces.org)].**

District:

Date:

Student's Name:

Date of Birth:

Name of Parent/Guardian:

Parent Email/Phone Number:

What questions would you like the assistive technology evaluation/consultation to address?

What are the reasons for this assistive technology evaluation/assessment?

Relevant Medical Information:

Relevant Information about your child's behavior:

Child's Communication Abilities:

Child's Functional (self-care), Physical and Positioning Abilities

Parent's Goals for Child:

Assistive Technology Previously Tried:

Assistive Technology used at home (e.g. type of computer, equipment, adaptations)

Other information you would like to share:

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**Your input is appreciated in assisting the team to help your child. A report will be generated when the evaluation or consultation is completed for PPT review.**