



South Bend Community School Corporation
Special Education Services

Referral for Communication and Assistive Technology Evaluation

Student: _____ School: _____ Phone: _____
SBCSC ID#: _____ STN: _____ DOB: _____ Grade: _____
TOR: _____ Phone: _____
TOS: _____ Phone: _____

This referral may only be generated as a result of a case conference decision for a **Reevaluation** requesting to **“inform the student’s case conference committee of the student’s special education and related service needs.”**

Date of IEP requesting reevaluation: _____

Describe what you want this student to be able to do with Assistive Technology.

Describe accommodations/technology that you have already tried or are currently using with this student.

Check the curriculum areas you would like to have considered in this Assistive Technology evaluation (Check all that apply):

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Writing | <input type="checkbox"/> Math |
| <input type="checkbox"/> Expressive Language | <input type="checkbox"/> Receptive Language | <input type="checkbox"/> Spelling |
| <input type="checkbox"/> Study Skills | <input type="checkbox"/> Homework Completion | <input type="checkbox"/> Transition |

Has this student been referred for a CAT evaluation in the past? _____

When? _____

Upon completion of this form, please attach:

- the most current IEP (including Case Conference Notes)
- the most recent M-Team evaluation

Send to Edison Intermediate Center addressed to the CAT Team