

BALTIMORE COUNTY PUBLIC SCHOOLS

Office of Special Education

Office of Technology in Special Education

Infants and Toddlers Screening and Consultation Referral

To be completed by the school staff:

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

School providing service: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Teacher: \_\_\_\_\_ Setting: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Person Completing This Form: \_\_\_\_\_

Current Related Services:

Related Services	Name	Email Address
SLP		
OT		
PT		
Teacher		
VI		
Service Coordinator		

Diagnoses: \_\_\_\_\_

Current Educational Handicapping Condition/Disability: \_\_\_\_\_

The following information must be included. Check the following:

- \_\_\_\_\_ Current IFSP
- \_\_\_\_\_ Most recent educational, psychological, OT, PT, and ST assessments
- \_\_\_\_\_ Signed Permission to test
- \_\_\_\_\_ Other pertinent information

**STUDENT**

**Describe favorite play toys or activities.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe barriers that effect child's ability to participate in play activities.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are the team's main objectives for this assistive technology referral?**

- \_\_\_\_\_ Explore options for low-tech communication systems.
- \_\_\_\_\_ Explore options for augmentative communication devices.
- \_\_\_\_\_ Investigate switches for optimal access for communication, computer, etc.
- \_\_\_\_\_ Investigate wheelchair mount solutions for optimal access.
- \_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_

**ENVIRONMENT**

**Where does the student receive educational instruction?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does the student require special physical accommodations?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does the student require special materials or equipment for communication or learning?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **TASKS**

### **Visual Skills**

**Check all that apply.**

Recognize objects	
Recognize familiar objects and people	
Has difficulty attending to visual information	
Recognizes signs in community	
Recognize icons (Boardmaker)	
Recognize icons (other)	

### **Play Skills**

**Check all that apply.**

Reaches out to touch toys	
Mouths toys	
Makes choice between two toys	
Moves body to get to toy	
Picks up toy and manipulates	
Imitates actions with toys	
Indicates preferred toys	
Responds to games with adult (example/peek-a-boo)	

### **Communication Skills**

**Check all that apply.**

Uses eye gaze		Follows one step directions	
Vocalizes		Follows two step directions	
Has yes/no response		Greets	
Uses gestures		Negates	
Uses facial expression		Makes choices	
Points		Uses single words	
Signs		Uses phrases	
Uses PECS		Uses sentences	
Uses pictures		Add others here:	
Uses low tech display			

**If not understood, student is:**

Quickly discouraged		Persistent	
Frustrated		Passive	

**If student is verbal, what percentage of speech is understood?**

Familiar listeners		Unfamiliar listeners	
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**Literacy**

**Check all that apply.**

Shows interest in books		Listens to stories	
Points to pictures in stories		Turns pages in books	
Responds to simple questions		Responds to music/movement activities	
Initiates book reading			

**TOOLS**

**Describe supports currently in place. Check all that apply.**

Schedules	
Super pictures	
First/Then display	
Picture supports for following directions	
Uses pictures for choices	
Low tech, activity specific picture displays	
Communication notebook	
Single message device	
Sequential message device	
Multi-cell device	
<b>Add additional supports here:</b>	

**What speech generating device was used, if any?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**What was the outcome?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Is there additional information to share?**

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**Return all referral information to:**

**Jeanne Noorisa  
Assistive Technology  
Loch Raven Academy**