



MESD Assistive Technology Department Evaluation Consent Form

The Multnomah Education Service District Assistive Technology department has received a team referral to initiate an assistive technology evaluation for the student listed below:

Student Name: _____

School Program: _____

According to the referral submitted by your student’s school case manager, the following areas of assessment are proposed to consider for Assistive Technology needs/services:

- Academics (e.g., reading, writing, math, learning/studying, or _____)
- Communication
- Access
- Other: _____

The Assistive Technology and Augmentative/Alternative Communication Evaluation is a process that may include **multidisciplinary consultation, school or community observations, trials of equipment and/or strategies, collecting documentation, and ongoing assessment**, in order to:

- Determine the need for assistive technology.
- Share information regarding technology resources.
- Assist in the process of obtaining appropriate technology for trials.
- Train the use of equipment and/or strategies.
- Facilitate the collection of data within the school or community setting.
- Collect documentation of positioning and/or student utilization of equipment for assessment or training purposes, (e.g., video and pictures)
- Consultation to staff to support student’s implementation of assistive technology equipment and/or strategies.

Parent/Guardian:

I hereby give permission for MESD to evaluate my student’s AT/AAC needs date: _____

Parent/Guardian print name: _____

Parent/Guardian signature: _____