Sonoma SELPA
LI Assessment Referral Form
Adaptive Technology Center
Email: atc@sonomaselpa.org
(707) 829-9530

LOW INCIDENCE ASSESSMENT REFERRAL FORM

LI Eligibility Criteria ☐ OI ☐ VI ☐ DHH ☐ w/ CCN (Complex Communication Needs)
(Check all that apply)

Referral Type: ☐ Augmentative Alternative Communication ***Only*** ☐ Adaptive Technology ***Only*** ☐ **Both**
(Check one)

The following items must be included with this referral:

1. ☐ Staff to fill out L.I. Assessment referral form
2. ☐ Admin signature
3. ☐ Assessment plan (full 60 day timeline requested)
4. ☐ Submit packet to atc@sonomaselpa.org

REFERRING LEA INFORMATION

Special Education Administrator: _____ (Name) _____ (Phone)

_____ (Signature) _____ (Email)

Team Coordinator: _____ (Name of person making referral) _____ (Phone) _____ (Email)

IEP Team Information:

Participant	Name	Email	Phone number
Parent			
Parent			
Teacher			
Speech Therapist			
Occupational Therapist			
Physical Therapist			
Other			

STUDENT INFORMATION

Student Name: _____ SEIS # : _____

DOB: _____ Age: _____ Grade: _____

Primary language: _____ Language(s) spoken at home? _____

District of Residence: _____ Does the family need an interpreter? ☐ Yes ☐ No

School: _____ District of Service: _____

Program: ☐ District ☐ SCOE ☐ NPS ☐ Early Start ☐ Other _____

Placement: ☐ Gen. Ed. ☐ R.S.P. ☐ S.D.C ☐ Other _____

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Student's strengths, preferences, and interests:

COMMUNICATION SKILLS

Current Communication:	Communication Purpose:
☐ Words	☐ Wants/Needs
☐ Gestures	☐ Social Interaction
☐ Picture Symbols	☐ Protest
☐ Vocalizations	☐ Questions
☐ Other: _____	☐ Attention Getting
	☐ Other: _____

AAC/AT Tools Currently used or tried (Include AAC and/or Assistive Technology. What has been tried? What worked/didn't?):

How successful is the student when using communication tools?

- ☐ Consistently Effective
- ☐ Inconsistently effective
- ☐ Emerging skills / not yet effective
- ☐ Unknown

SENSORY-MOTOR-LINGUISTIC-SOCIAL

Vision:	**Hearing**	Sensory (Tactile/Environmental):
☐ Within functional limits	☐ Within functional limits	☐ Within fuctional limits
☐ Wears glasses or corrective lenses	☐ Has known hearing loss	☐ Avoids tactile input
☐ Other:	☐ Uses hearing aids	☐ Seeks tactile input
	☐ Other:	☐ Sensory sensitivities (describe):

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MOTOR SKILLS

Motor Skills (mobility/positioning):

- ☐ Independent mobility
- ☐ Requires mobility/positioning support
- ☐ Uses wheelchair
- ☐ Other Equipment: _____

Fine Motor Skills:

- ☐ Adequate control
- ☐ Motor planning challenges
- ☐ Fatigue/Low Endurance
- ☐ Impulsivity
- ☐ Other: _____

LEARNING AND ATTENTION

Processes and Responds to Information:

- ☐ No modifications needed
- ☐ Benefits from additional processing time
- ☐ Benefits from repetition
- ☐ Other: _____

Attention:

- ☐ 1:1
- ☐ Small group
- ☐ Whole class

Average attention span: _____

Does the student:

- ☐ Attend to stories
- ☐ Identify letters
- ☐ Classify objects into categories

MOTIVATION AND COMMUNICATION PARTNERS

Motivation:

- ☐ Requires extrinsic reinforcement
- ☐ Responds to social interaction/reward
- ☐ Initiates communication independently
- ☐ Other:

Primary communication partners

School:

Home:

REFERRAL QUESTIONS

1. What outcomes are you hoping to achieve from this referral?

2. Are there specific AAC/AT tools you would like considered?

3. Additional Information

The referring LEA is responsible for obtaining parent consent for this assessment and scheduling an IEP meeting.