

Referral Checklist for: Assistive Technology (AT) Consult

Student Name: _____
DOB (m/d/yyyy): _____ Georgia Testing ID (10 digit): _____
School District: _____ School Name: _____
School Address: _____
School Phone: _____
TVI Name: _____ Email: _____
Phone 1: _____ Type: _____ Phone 2: _____ Type: _____
SpEd Dir. Name: _____ Email: _____

The following is our list of items needed to complete the **Assistive Technology** referral packet. Please make sure the packet is complete before submitting it.

The packet will be returned if any items are missing or are out of date.

1. ☐ Both the Student and TVI are registered with the GIMC*
2. ☐ Request for AT Consult (signed by the SpEd Dir. on district letterhead)
3. ☐ IEP Team (including parents) has been informed of this consult request
4. ☐ Current Eye Report (within one year)
5. ☐ Current IEP and FVLMA
6. ☐ Completed AT Pre-Observation Form
7. ☐ Low Vision Evaluation Report OR Choose One: ☐ N/A** ☐ On File with SPC***

* To register with the Georgia Instructional Materials Center go to www.gimc.org. If you and the student are already registered with the GIMC, please log in and edit (update) your student's information.

** N/A if student has no vision.

***Student had a LVE completed by the Smokey Powell Center. Date of SPC LVE _____

You will be contacted for scheduling when we receive and review the completed packet. We look forward to working with you and your student. Please do not hesitate to contact us if you have any questions or concerns.

Sincerely,

Heather Francis, Admin. Assistant
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