



Miami-Dade County Public Schools
Office of Special Education and Psychological Services

REFERRAL FOR ASSISTIVE TECHNOLOGY SERVICES

Send completed packet to the Regional Center Chairperson for Speech/Language, Deaf and Hard-of-Hearing Programs.

- Regional Center I** 733 East 57 Street, Hialeah, Florida 33013 **Mail Code: 9575**
- Regional Center II** 1515 NW 167th Street, Suite 300, Miami, Florida 33169 **Mail Code: 9571**
- Regional Center III** 1080 La Baron Drive, Miami Springs, Florida 33166 **Mail Code: 9572**
- Regional Center IV** 2201 SW 4 Street, Miami, Florida 33135 **Mail Code: 9573**
- Regional Center V** 9040 SW 79 Avenue, Miami, Florida 33156 **Mail Code: 9574**
- Regional Center VI** 698 North Homestead Blvd., Homestead, Florida 33030 Suite 200 **Mail Code: 9576**
- Other** _____

Date	Student's School	School Address	Mail Code
Print Student's Name (Last, First)	Student's ID#	<input type="checkbox"/> M DOB/Age	Grade
		<input type="checkbox"/> F	Exceptionality (ies)
Medical Diagnosis	Language/ ESOL Level	Interpreter needed <input type="checkbox"/> Y <input type="checkbox"/> N	Sign Language Interpreter needed <input type="checkbox"/> Y <input type="checkbox"/> N

Referral initiated by: _____

What do you want this student to do that he/she cannot do now? _____

Designate a multi-disciplinary team (M -Team) and Assistive Technology (AT) contact person. Include persons providing services to the student. Possible responsibilities include data collector, positioning/access, operator/programmer, maintenance, liaison to regular education.

Title	Print Name	E-mail or prefix to (@dadeschools.net)	Telephone	Responsibility
School AT Contact Person				
Parent				
Staffing Specialist				
Teacher				
SLP				
OT				
PT				
Para-professional				
Curriculum/ Program Support				
School Administrator				
Other				

Include the following information/documents with this referral:

If the M-team does not follow AT Consideration Process, as outlined in District AT Procedures (<http://assistivetech.dadeschools.net>), School/Regional Center will be responsible for purchasing and tracking any AT equipment documented on the student's Individual Educational Plan (IEP).

- Copy of most recent IEP
- Informed Notice of Reevaluation Review Meeting and/or Consent for Reevaluation (FM-4958)
(On form FM-4958, check "other" and write "Assistive Technology Assessment")
- Assistive Technology ACCESS Implementation Guide and indicated task page(s) (FM-7067) and/or
- Assistive Technology Augmentative/Alternative Communication (AAC) Implementation Guide (FM-7068)

School LEA or AP or SPED Chair: Signature: _____ Date: _____

Received at Regional Center by: Signature: _____ Date: _____