



Mid-Valley Special Education Cooperative

1304 Ronzheimer Avenue, St. Charles, IL 60174

331-228-4873 Fax: 331-228-4874

Serving the children and families of the Batavia, St. Charles, Geneva, Kaneland and Central community School Districts

Assistive Technology – Request for Consultation

Date of Request: _____

Students Name: _____ Birthday: _____ Gender: _____

Contact Person: _____ Phone: _____ Email: _____

Location: _____

MVSEC Coordinator/District Special Ed Director Signature: _____

Parents were notified by _____ on _____

Check Services Currently Provided and Provider Name:

<input type="checkbox"/> SLP:	<input type="checkbox"/> OT:
<input type="checkbox"/> LD/Facilitator	<input type="checkbox"/> PT:
<input type="checkbox"/> Vision Itin:	<input type="checkbox"/> SW:
<input type="checkbox"/> Hearing Itin:	<input type="checkbox"/> Other:

MAIN AREA OF CONCERN: Pleas also complete and attach corresponding Student Information Guide for areas checked

- Mechanics of Writing Fine Motor related to computer (or devises) access
- Composing Written Material Communication ADL's
- Reading Learning/Study Math Recreation and Leisure
- Mobility Vision Hearing Seating ad Positioning

DESCRIBE STUDENT'S TASK CHALLENGES:

What task does the student need to do that is currently difficult or impossible?

CHECK ALL MEDICAL CONSIDERATIONS THAT APPLY:

- History of Seizures Fatigues Easily Medically Fragile Frequent Pain
- Degenerative/Progressive Condition Frequent Ear Infections
- Currently on Medication for _____
- Other: _____



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Please list POTENTIAL reason why the student has difficulty with this tasks.

Describe the student’s current level of performance on this task.

(Please Include and attach samples as relevant.)

In what environments does the student experience these challenges?

WHAT HAS ALREADY BEEN TRIED?

Accommodation	Person Responsible	Length of Time	Results

WHEN COMPLETE, PLEASE FORWARD THIS FORM AND ALL ATTACHMENTS TO RONA HENNE AT MID-VALLEY SPECIAL EDUCATION COOPERATIVE (Rona.Henne@d303.org). MAKE SURE THAT YOUR COORDINATOR HAS SIGNED THIS FORM BEFORE SENDING IT TO RONA.