



Oklahoma ABLÉ Tech
Assistive Technology Consultation
Intake Form



This ABLÉ Tech form is modeled after the SETT Framework developed by Joy Zabala to guide educators in the process of providing assistive technology (AT) devices and services to students with disabilities. Learn more about the SETT Framework at www.joyzabala.com

Using the form fields below, please provide information regarding the Student, Environments, Tasks, and Tools. ABLÉ Tech staff will provide suggestions of AT devices and/or services to consider for this student.

* Indicates a Required Field

* Name of person submitting form: _____

* Phone Number: _____ * Email: _____

School District: _____

School Street Address: _____

School City: _____ ST: _____ Zip: _____

Student Code (*Note – please create your own code to identify the student instead of providing a name*)

Student disability category

Learn more about Oklahoma State Department of Education disability categories at <http://ok.gov.sde/disability-category>.

You may choose multiple categories:

- | | |
|--|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Multiple Disabilities |
| <input type="checkbox"/> Deaf-Blindness | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Other Health Impairment |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Developmental Delay and Preschool | <input type="checkbox"/> Speech or Language Impairment |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Visual Impairment |

Medical Diagnosis (if known):

Child's Age: _____ Grade: _____



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The student has (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> IEP | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> 504 Service Plan | <input type="checkbox"/> Teacher of the Visually Impaired |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Other Services (please list below) |

Student

Describe the student, including specific areas of concern, special needs, current achievement, interests, goals, etc.

Environments

Describe the environments where the student is expected to participate, including various locations within and outside school.

Tasks

Describe the tasks that are currently required of the student or will be required in the near future.

Tools

Describe the assistive technology (AT), accommodations or modifications that have been used with the student or that are being considered.



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Is there anything else we need to know about this student that will help us with this consultation?

To submit this form, please save to your computer first. Either fill it out by:

1. Opening it and typing in the fields directly and then SAVE it again. You can then attach the PDF to an email message and send it to: kimberly.berry@okstate.edu
2. Or, after saving the PDF to your computer, print it and fill it out. Send the form to:
Kimberly Berry
Assistive Technology Teacher
Department of Wellness
1514 W. Hall of Fame
Stillwater, OK 74078

Or, fax it to:
(405) 744-2487

Thank you!

The Oklahoma State Department of Education contracts with Oklahoma ABLE Tech to provide Assistive Technology and Information Services to Oklahoma students served under the Individuals with Disabilities Education Act (IDEA). ABLE Tech complies with the Family and Educational Rights and Privacy Act (FERPA) and maintains private student records.

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