



Southeast Assistive Technology Referral Form
Covering Educational Service Unit's 2, 3, 4, 18, & 19

Date of Referral		ESU	
District		Building	
Referral from		Title	
Email		Phone	
Student's name		Date of birth	
Grade			
Parent(s)		Address	
Email		Phone	

Primary Disability:

Autism	Deaf-Blind	Speech-Language	TBI
Cognitive disability	Developmental Delay	Multiple disabilities	Orthopedic
Learning disability	ADHD/ADD	Vision impairment	OHI
Emotional disability	Hearing impairment	Physical disability	504

If OHI, please describe: _____

Area(s) of concern:

Seating/mobility	Mathematics	iPad
Computer access	Organization	Communication
Writing - motor aspect	Recreation/leisure	Reading
Writing - composition	Vision	Hearing

Technology currently available or being used: _____

Concern(s) that led to this referral: _____

School environments that the student is currently in:

	Resource room		Music		Cafeteria
	Classroom(s)		Art		Playground
	Library		Hallways		Bus/Van
	Gym		Office		Other

Home environments that the student is currently in:

	Home		Church		Sports
	Child Care		Scouts		Other

Team members:

Title	Name	Email	Phone
Case Manager			
Parent			
Classroom teacher			
SLP			
OT			
PT			
Vision			
Deaf Ed			
Para			
Other			

Contact Southeast Nebraska Consultant:

Dixie Trevarthen 2320 N. Colorado Avenue Fremont, NE 68026 402-721-7710 ext.207
 402-721-7712 Fax 402-720-7878 Cell dtrevarthen@esu2.org