Baldwin County Public School System
Department of Prevention and Support Services
1091 B Avenue
Loxley, Alabama 36551

Section 504 of the Rehabilitation Act
Assistive Technology Referral Pre-Screener

Student's Name:	**Birthdate:**	
Referral Date:	School:	Grade:
Section 504 Coordinator:		

Describe the need for assistive technology: (based on teacher, parent, and student input)

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Current LRE: (Hours per week = hpw) ☐ General Education_____ hpw ☐ Homebound _____ hpw

Current Services Received:

- ☐ Occupational Therapy ____ hpw
- ☐ Speech/Language Therapy ____ hpw
- ☐ Vision ____ hpw
- ☐ Physical Therapy ____ hpw
- ☐ Adaptive PE ____ hpw
- ☐ Hearing ____ hpw

Assistive Technology Currently Used: (Check all that apply)

- ☐ Manual Communication Board
- ☐ Computer with Screen Enlargement
- ☐ Computer with Braille Output
- ☐ Portable Word Processor
- ☐ Amplification Systems
- ☐ Power Wheelchair
- ☐ Quad Canes
- ☐ Switch-Activated Devices
- ☐ Low Tech Vision Aids
- ☐ Computer with Voice Output
- ☐ Computer with Word Prediction
- ☐ Augmentative Communication Device
- ☐ Writing Aids
- ☐ Manual Wheelchair
- ☐ Environmental Control Unit
- ☐ Other: ________________________

Describe the instructional interventions and/or technology that you have attempted, the length of trial, and the successes/failures of each:

1. ____

2. ____

3. ____

4. ____

Describe assistive technology that is available at home: ____

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Medical Diagnosis: (if known) ____

Medical Considerations (check all that apply)

- ☐ History of seizures
- ☐ Multiple health problems
- ☐ Ear infections
- ☐ Attention problems
- ☐ Allergies ____________________________________
- ☐ Fatigues easily
- ☐ Respiratory problems
- ☐ Vision problems
- ☐ Frequent pain
- ☐ Digestive problems
- ☐ Hearing problems
- ☐ Degenerative medical condition
- ☐ Other:____________________

Current Medications: (if known) ____

Other Information Concerning This Student:

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Signature of 504 Coordinator **Date**