Inclusive Education
COMOX VALLEY SCHOOLS
Embracing Diversity

Inclusive Education, Assistive Tech Department
Initial Loan Request for Assistive Technology

Date: Student Name:

This screening checklist is designed to provide information about a student's need for assistive technology.

Send completed form to: Jane Rondow **Email:** Jane.Rondow@sd71.bc.ca	**By this date**:

Student Information

Surname:	Given names:	Pronouns:
Student PEN # (9 digits): Student Number:	Birthdate: (DD/MM/YY)	Grade 2022- 2023:
School 2022-2023:	Form Submitted by:	

Ministry funding category in which student is claimed:

☐	A - Dependent handicap		
☐	B - Deaf blind	☐	H - Intensive Beh. / Serious Mental Health Needs
☐	C - Moderate to profound intellectual disability	☐	K - Mild Intellectual Disability
☐	D - Physical handicap / chronic health	☐	P - Gifted
☐	E - Visual impairment	☐	Q - Learning Disability
☐	F – Deaf and Hard of Hearing	☐	R – Moderate Behaviour
☐	G - Autism spectrum disorder	☐	None of the above

Disability diagnosis: Type of Support (check all that apply):

☐	Cognitive/academic	☐	Motor	☐	Vision	☐	Communication	☐	Social/Behavioural

Access to Curriculum

What barriers prevent this student from meeting his/her IEP criteria?
What technical and or non-technical strategies have been investigated or tried to overcome the barriers?
Comment on the student's willingness to use technology and on his/her technology preference.
Have other options been considered ☐ School Technology ☐ Autism Funds (if available) ☐ BYOD ☐ Other

Educational Program

Student has current IEP or Learning Plan ☐ Yes ☐ No IEP or LP, identifies need for assistive technology as a support to access the educational program: ☐ Yes ☐ No
Assistive Technology will be used in: ☐ Class ☐ Learning Support setting ☐ Multiple locations ☐ Home (if required)
Estimated frequency of technology use in student's program ☐ 1 - 2 times per week ☐ 3 - 5 times per week ☐ ½ - 2 hour per day ☐ 3 – 5 hours per day

Educational Goals

Describe an IEP goal and at least one objective to be supported with the use of Assistive Technology (AT). Include current level of functioning (baseline statement) and describe how AT will be used as a strategy. Refer to page 3 of this document for information on setting goals.	
IEP goal:	
Objective 1:	Current level of functioning:
How AT will be used as a strategy:	
Objective 2:	Current level of functioning:
How AT will be used as a strategy:	

School / District Team

Please indicate your school and ability to implement and support technology:			
School team's technical skills:	☐ Beginning	☐ Intermediate	☐ Advanced
Team's experience with AT implementation:	☐ Beginning	☐ Intermediate	☐ Advanced

Please list any school / district personnel that are involved with this student		
Job Role	**Name**	**Aware of this referral**
Classroom Teacher		☐ yes ☐ no ☐ NA
Learning Support Teacher		☐ yes ☐ no ☐ NA
Educational Assistant(s)		☐ yes ☐ no ☐ NA
Speech/Language Pathologist		☐ yes ☐ no ☐ NA
AAC SLP	Jennie Rankin	☐ yes ☐ no ☐ NA
District Inclusion Teacher(s)		☐ yes ☐ no ☐ NA
Vision Teacher	Linda Stirrett	☐ yes ☐ no ☐ NA
Inclusive Ed Assistive Technology Dept.	Jane Rondow	☐ yes ☐ no ☐ NA
Occupational Therapist	Andrea Wilson	☐ yes ☐ no ☐ NA
Physiotherapist	Heather Robertson	☐ yes ☐ no ☐ NA
Counsellor		☐ yes ☐ no ☐ NA
Deaf & Hard of Hearing	Katelin Miller	☐ yes ☐ no ☐ NA
English Language Learning Teacher		☐ yes ☐ no ☐ NA
Psychologist		☐ yes ☐ no ☐ NA
Parent		☐ yes ☐ no ☐ NA
Other		☐ yes ☐ no ☐ NA

Attached Documents:

Please check off attached documents that support or describe the student's need for assistive technology.

☐ IEP/ Learning Plan (optional) ☐ Work Sample(s) (optional) ☐ Report(s) (optional) ☐ Other…

Inclusive Ed Screening Committee Decision (School Team does not complete this section)					
Approve Inclusive Ed Assistive Tech Department Services	☐ YES	☐ NO	☐ Defer	Month:	Year:
SET-BC Services:	☐ YES	☐ NO		Month:	Year:
Rational for Decision:					
Informed school team Date:					

Send to Jane Rondow and Val Harnden at Inclusive Education via interschool mail, or email:
Jane.Rondow@sd71.bc.ca and Valerie.Harnden@sd71.bc.ca