



Oklahoma ABLE Tech  
Assistive Technology Consultation  
Intake Form



Today's Date: \_\_\_\_\_

Student Name or Code: \_\_\_\_\_ Primary Disability: \_\_\_\_\_

Student Age: \_\_\_\_\_ Student Grade: \_\_\_\_\_

Referring Person: \_\_\_\_\_ School District: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Room Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

The student has (check all that apply): IEP 504 Service Plan O.T. P.T. Speech Therapy  
Teacher of Visually Impaired/Visual Therapy

Other Services (please specify):  
\_\_\_\_\_

Primary area(s) of concern (check all that apply):

- |               |                      |          |                        |
|---------------|----------------------|----------|------------------------|
| Reading       | Writing              | Learning | Organization           |
| Communication | Physical limitations | Hearing  | Other (please specify) |

What educational tasks do you hope the student will be able to accomplish with Assistive Technology?  
\_\_\_\_\_  
\_\_\_\_\_

What modifications, accommodations, or assistive technology have been tried in the past or are currently being used with this student?  
\_\_\_\_\_  
\_\_\_\_\_

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

**Mail or fax completed form to:**

Oklahoma ABLE Tech, OSU Seretean Wellness Center, 1514 W. Hall of Fame, Stillwater, OK 74078  
Phone: (888) 885-5588 | Fax: (405) 744-2487 | abletech@okstate.edu

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.