



Providing Access to Assistive Technology Tools, Resources and Supports for Montanans

## MONTECH ASSISTIVE TECHNOLOGY EVALUATION REFERRAL FORM

Date of referral: \_\_\_\_\_ Referral Source: \_\_\_\_\_  
Name : \_\_\_\_\_ Age / birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
\_\_\_\_\_ Email address: \_\_\_\_\_

### Background information needed:

1. Describe the disability and functional limitations:

---

---

---

---

2. Onset of disability:

---

3. Describe AT that is currently being used or has been tried in the past:

---

---

---

---

4. Vocational plan / goals:

---

---

---

---

5. Computer usage:

Current computer operating system: home \_\_\_\_\_ work \_\_\_\_\_

Access:  standard keyboard  standard mouse

alternative keyboard  alternative mouse

please describe:

6. Sensory challenges:  
a. Visual

---

---

- b. Hearing

---

---

What outcomes are expected as a result of this evaluation?

Referral question:

---

---

---

---

Describe setting where the AT will be needed:

---

---

---

---

---

Please attach any current evaluations or reports that will be helpful in determining appropriate AT options for this individual. Mail or fax to:

**MonTECH**  
700 SW Higgins Ave.,  
Suite 250  
Missoula, Montana 59803  
Voice/TT: 877-243-5511 (toll-free) or 406-243-5676  
Fax: 406-243-4730