



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
634 Eddy Avenue
The University of Montana
Missoula, Montana 59812
Voice/TT: 877-243-5511 (toll-free) or 406-243-5676
Fax: 406-243-4730