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To Whom It May Concern:

Thank you for your interest in assistive technology (AT) evaluation from MonTECH! An AT evaluation is a robust process where MonTECH can work with your team to recommend specific AT in a formal written report. Many agencies request an evaluation because the report is required for access to or acquisition of AT devices or services. The following pages summarize the AT evaluation process and provide the forms necessary to initiate the evaluation.

Please note that MonTECH also provides free AT demonstrations, an informal process where an individual can explore assistive technology options available. If you are unsure whether you require an AT evaluation or a demonstration, please contact us.

If your organization would like MonTECH to complete an AT Evaluation, please contact one of our clinical coordinators so that we can determine which staff are best suited to perform your evaluation.

Sincerely,

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AT Evaluation Process Summary

Pre-Evaluation

The referring organization gathers information from relevant team members and completes forms necessary to initiate the evaluation. MonTECH will schedule an AT evaluation after all paperwork has been received. After reviewing the paperwork, MonTECH may require additional information such as interviewing the consumer or relevant team members and requesting video or pictures.

Please submit the following paperwork to your MonTECH clinical coordinator. Please submit any HIPPA or FERPA protected information via fax, mail, or protected email attachment; do not email as an unprotected attachment.

- [ ] AT Evaluation Referral Form
- [ ] Release of Information Form (MonTECH's form or referring agency's form are both acceptable)
- [ ] Purchase order or letter authorizing MonTECH to perform an AT evaluation. Our rate is $125/hour, plus any travel expenses.
- [ ] Evaluations from current service providers: Any reports that would help guide consideration of AT solutions including speech/language, social/developmental history, heath history, occupational therapy, physical therapy, psychoeducational, medical reports, therapy reports, etc.
- [ ] Agency Reports: Please send current agency reports that provide information on the consumer's goals and how his/her disability impacts those goals.
    - [ ] School: Current Individualized Education Plan
    - [ ] Vocational Rehabilitation: Counselor notes, vocational reports, etc.
    - [ ] Other:

Day of Evaluation

The evaluation meeting usually takes two to three hours and can be done at our Missoula or Billings office. This meeting should include the consumer and any support team members who will be assisting the consumer to use the AT after the evaluation, such as a teacher, job counselor, speech-language pathologist, occupational therapist, etc. During the evaluation, MonTECH staff will introduce the consumer and team to a variety of AT that may be beneficial. The group will decide which AT appears to be the best fit. AT can be loaned from MonTECH after the evaluation to determine its effectiveness.

Post Evaluation

After the evaluation meeting, the consumer and appropriate team members are responsible for tracking data to determine the effectiveness of the AT in helping the consumer with his/her goals. MonTECH will contact the consumer or referring agency to obtain feedback on the effectiveness of the AT. MonTECH staff will complete a written report with AT recommendations.

Two free hours of AT training are provided with every AT evaluation. The consumer may schedule this free training at his/her convenience, but MonTECH recommends training shortly after the evaluation to ensure that the consumer is comfortable using the AT.

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AT Evaluation Referral Form

AT Consumer Information:

Name Date of Birth

Age Grade (if applicable)

Phone E-Mail

Address

Description of Disability and Onset:

Parent(s) Information (if applicable):

Name

Phone E-Mail

Address

Referring Agency Information:

Agency Name and Contact Person

Phone Fax E-Mail

Address

Current Service Providers:

Occupational Therapy	**Physical Therapy**	**Speech/Language**
Name: Contact Info:	Name: Contact Info:	Name: Contact Info:
Other(s)		

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AT Evaluation Referral Form

Assistive Technology Currently Used (Check all that apply and list each device.)

☐ None

☐ Computer Access (alternative mouse, keyboard or software):

☐ Mobile (phone, tablet) Technology Access (accessibility features, apps):

☐ Vision Equipment:

☐ Hearing Equipment:

☐ Speech/Communication Systems:

☐ Adapted Instructional Materials (reading, writing):

☐ Cognitive Aids (memory, organization):

☐ Play/Developmental Equipment:

☐ Switches and Switch-Operated Items:

☐ Environmental Control Unit/EADL:

☐ Positioning or Mobility Devices, including mounts:

☐ Recreation/Leisure Equipment:

☐ Physical Environment Access (building, home, workstation):

☐ Other:

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Assistive Technology Tried

Please list any other assistive technology tried within the previous 12 months, including length of trial, and outcome (how did it work or why it did not work).

Device	Dates of Trial Period	Outcome

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AT Evaluation Referral Form

PLEASE HAVE EACH TEAM MEMBER COMPLETE THIS PAGE OF QUESTIONS. Examples include: consumer, referring agency contact person, school therapists (OT, PT, SLP, etc), parents, job coach, teacher, etc. Each team member offers a unique perspective, which is valuable to the AT evaluation process.

Consumer Name:

Person Completing this Form:

Relationship to Consumer:

Referral Question: What task does the consumer need to do that is currently difficult or impossible, and for which AT may be an option?

Summarize the consumer's strengths and abilities:

Summarize the consumer's challenges and difficulties:

What environment will the AT be used? (Check all that apply and describe.)

- ☐ School:
- ☐ Home:
- ☐ Work:
- ☐ Community:
- ☐ Other:

Do you have technology available that you'd like us to consider?

Please describe any technology that is available to you that you would like us to consider when we brainstorm AT options. We will not limit our AT evaluation to technology that you have available, but we can consider this during the evaluation. For example, if you already own a computer and would like us find accessible software that is compatible, list the make, model and operating system of your computer.

Release of Information Form

Please complete all three sections of this form and return to MonTECH via fax 243-4730 or mail.

I. RELEASE OF INFORMATION TO MonTECH

I, (consumer or family member/guardian), authorize the MonTECH Program to receive written and verbal information about, ('myself' or name of consumer) from the following agencies or individuals:

☐ **Dept. of Public Health & Human Services:**

Street: City: ST: Zip:

Phone: Email:

☐ **Educational Entity:**

Street: City: ST: Zip:

Phone: Email:

☐ **Legal Representative/Advocate:**

Street: City: ST: Zip:

Phone: Email:

☐ **Parent or Legal Guardian:**

Street: City: ST: Zip:

Phone: Email:

☐ **Physician:**

Street: City: ST: Zip:

Phone: Email:

☐ **Therapist:** **Specify:** ◯ OT ◯ PT ◯ SLP

Street: City: ST: Zip:

Phone: Email:

☐ **Other:**

Street: City: ST: Zip:

Phone: Email:

II. RELEASE OF INFORMATION FROM MonTECH

I, (consumer or family member/guardian), authorize the MonTECH Program to ***provide*** written and verbal information about, ('myself' or name of consumer) to the following agencies or individuals only as determined necessary by MonTECH to advocate for me:

☐ **Dept. of Public Health & Human Services:**

Street: City: ST: Zip:

Phone: Email:

☐ **Educational Entity:**

Street: City: ST: Zip:

Phone: Email:

☐ **Legal Representative/Advocate:**

Street: City: ST: Zip:

Phone: Email:

☐ **Parent or Legal Guardian:**

Street: City: ST: Zip:

Phone: Email:

☐ **Physician:**

Street: City: ST: Zip:

Phone: Email:

☐ **Therapist:** **Specify:** ◯ OT ◯ PT ◯ SLP

Street: City: ST: Zip:

Phone: Email:

☐ **Other:**

Street: City: ST: Zip:

Phone: Email:

III. SIGNATURE

A photocopy of this release is as valid as the original. This release also grants the right to photocopy any information. I understand that all information will be treated confidentially. I understand that I have the right to withdraw my consent at any time. **This release is effective for one year from the date of signature.**

Signature of Consumer: Date:

Address:

City: ST: Zip:

Phone #: Date of Birth:

If unable to sign his/her name, consumer should enter an "X" or other mark. A witness signature is required below.

Signature of Witness (if required): Date:

If consumer is a minor or an adult with guardian, the signature of a parent, family member or guardian is required.

Signature of Parent/Guardian: Date:

Address:

City: ST: Zip:

Phone #:

Relationship to Consumer: