

NETWORKS FOR TRAINING AND DEVELOPMENT, INC.
COMMUNICATION MENTORS NETWORK
ASSISTIVE TECHNOLOGY (AT) EXPLORATION REQUEST

1. Person being referred --- name, address, phone #, & other contact info.

2. Your name, contact info, affiliation, & relationship to this person.

3. Why are you requesting AT help? What are you looking for, hoping for? Please describe the situation, how the person currently expresses themselves, & issues that have prompted this referral.

4. What is *this person* looking for, hoping for through this referral?

5. Please describe AT systems this person has tried & how they are still used. If no longer used, please explain reasons for discontinuing them.

6. Who is the team? Who will support you & this person? Other resources or services to help?

7. Other issues & information concerning this person that we should be aware of or know?

Office use only

Date received: _____

Date seen: _____

Please return this application to Networks via fax at 610-935-6497