AzEIP Assistive Technology (AT) Assessment
REFERRAL PACKET

Purpose:

The AT service is to directly assist a child birth to age 3 in the AzEIP, DDD, ASDB program who's IFSP identifies AT services as necessary to support attainment of the IFSP outcomes by supporting the child to engage and participate in everyday routines and activities in their home and community.

PRIOR TO THE COMPLETION OF THE AzEIP AT ASSESSMENT REFERRAL PACKET:

- AT services and supports have been discussed with all core team members
- IFSP goal(s) have been identified and directly relate to the need for an AT assessment
- The IFSP reflects a 30 day completion date for the AT Assessment

REQUIRED DOCUMENTS Check List:

Most recent IFSP that reflects the AT Assessment service as linked to outcomes

Consent to bill insurance

Eligibility Evaluation(s)

Current Quarterly Reports

AT Referral Form

AT Team Member(s) Assigned: _____

_____

PACKET MUST BE COMPLETED IN ITS ENTIRETY OR THE PROCESS WILL BE DELAYED

Please send completed packets to: **Tina Martin**
Assistive Technology Program
Southwest Human Development
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