

# The Smokey Powell Center

GEORGIA ACADEMY FOR THE BLIND



## Referral Checklist for: **Assistive Technology (A.T.) Assessment**

Student Name: \_\_\_\_\_

DOB (m/d/yyyy): \_\_\_\_\_ Georgia Testing ID (10 digit): \_\_\_\_\_

School District: \_\_\_\_\_ School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_

TVI Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Type: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Type: \_\_\_\_\_

SpEd Dir. Name: \_\_\_\_\_ Email: \_\_\_\_\_

The following is our list of items needed to complete the **Assistive Technology** referral packet. Please make sure the packet is complete before submitting it.

**The packet will be returned if any items are missing or are out of date.**

1. Both the Student and TVI are registered with the GIMC\*
2. Request for Assessment (signed by the SpEd Dir. on district letterhead)
3. Parental Consent for Assessment (your district form)
4. Current Eye Report (within one year)
5. Current IEP and FVLMA
6. Completed A.T. Checklist Form
7. Low Vision Evaluation Report OR Choose One:      N/A\*\*      On File with SPC\*\*\*

\* To register with the Georgia Instructional Materials Center go to [www.gimc.org](http://www.gimc.org). If you and the student are already registered with the GIMC, please log in and edit (update) your student's information.

\*\* N/A if student has no vision.

\*\*\*Student had a LVE completed by the Smokey Powell Center. Date of SPC LVE \_\_\_\_\_

You will be contacted for scheduling when we receive and review the completed packet. We look forward to working with you and your student. Please do not hesitate to contact us if you have any questions or concerns.

Sincerely,

**Heather Francis, Admin. Assistant**  
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