

Assistive Technology Case Presentation Form



Please complete ALL ITEMS on the form and email to UW ECHO at
projectecho@uwyo.edu.

Thank you.

Presentation Information

Presentation occurrence:

Case type:

Presenter's first and last name:

Presenter's phone number:

Presenter's email address:

Proposed date for initial presentation:

When we receive your case, we will email you a confidential identification number (ECHO ID) and confirm date and time for the case presentation. The provided ECHO ID must be utilized when identifying this case presentation during the ECHO Session. Case presentation times may fluctuate depending on the availability of the professional development presenter. Times will be confirmed when the ECHO ID is assigned.

PLEASE NOTE: The UW ECHO case consultations do not create or otherwise establish a relationship between any of the UW ECHO experts or UW ECHO staff and any participant whose case is being presented in a UW ECHO setting.

The information provided as feedback are considerations only and not a formal assessment.

Organization Team Information

Please fill out the team member staff roles who are involved working with the client. Names are not necessary.

Team Member Role:

Team Member Role:

Team Member Role:

Team Member Role:

Team Member Role:

Team Member Role:

Additional Information:

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I Date:

ECHO ID:

Date:

Case Information

1. Individual's grade level or setting targeted by program.

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Birth to Pre-school | <input type="checkbox"/> Independent Living |
| <input type="checkbox"/> K to Grade 2 | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Grades 3 to 5 | <input type="checkbox"/> Tech School |
| <input type="checkbox"/> Grades 6 to 8 | <input type="checkbox"/> Community College |
| <input type="checkbox"/> Grades 9 to 12 | <input type="checkbox"/> University |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Not Applicable |

2. Describe the daily schedule and environment for this client.

3. Please identify and describe the primary concern and goal for this case presentation.

4. Describe contributing triggers, stressors, and/or factors that may have kept the individual or program from progressing to the desired level.

5. What AT is currently being used and has it been successful? [Menu of AT Resources](#)

6. What are the strengths and challenges threats of your program?

7. What strategies, interventions, or other actions have been tried, and how successful have they been?

8. Comments or additional background narrative.

What else should the ECHO team know in order to provide feedback?

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ECHO ID:

Date: