

# **A Framework for Conducting Assistive Technology Consideration, Screening and Assessment**

**DIVISION OF SPECIAL POPULATIONS**

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## PREFACE

This document provides a framework for making decisions about the assistive technology needs of students with disabilities. It outlines a process for making initial consideration decisions, conducting screenings and guiding assessment. This document is an extension of those procedures and guidelines provided in the *Pupil Appraisal Handbook, Bulletin 1508*, revised August 20, 2004, the *IEP (Individualized Education Plan) Handbook for Students with Disabilities, Bulletin 1530*, revised July 20, 2004, and other relevant legislation. Prior to reading this document, it is recommended that all individuals who participate in the assessment of assistive technology review the components for *Screening, Special Services* and *Speech or Language Impairment* related to assistive technology in the *Louisiana Pupil Appraisal Handbook, Bulletin 1508*. Individuals who participate in the IEP and implementation of special education curriculum for students with disabilities should refer to the sections on assistive technology stated in the *IEP Handbook, Bulletin 1530*.

The LDE (Louisiana Department of Education) recognizes that although some districts already have assistive technology structures in place, there is inconsistency from district to district in procedures, documentation, and the delivery of services for those students that require assistive technology. This document is an attempt to unify procedures across the state and provide a mechanism to ensure that all students who require assistive technology are receiving the tools and services they need. It is the intent that this process will facilitate the ability of school districts to make informed decisions about the assistive technology considerations for their students, and streamline attempts for monitoring, training, and documentation of assistive technology services.

The LDE wants to acknowledge some of leading national assistive technology projects that provide assistive technology resources on procedures, assessment, consideration and training. The LDE has utilized these resources in the development of this document. These projects include the Wisconsin Assistive Technology Initiative (WATI), the Georgia Project for Assistive Technology (GPAT), and the Oregon Assistive Technology Project (OTAP).

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# **PART I: OVERVIEW OF ASSISTIVE TECHNOLOGY**

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# ASSISTIVE TECHNOLOGY

Technology can significantly impact learning, independence, self-esteem, and quality of life. For some students with disabilities, technology provides the only effective method for access to the general education curriculum and gives them the resources to actively participate with their peers or make progress toward their educational goals.

## DEFINITIONS

The Individuals with Disabilities Education Improvement Act of 2004 (IDEA) mandates that school systems address assistive technology when it is required as part of a student's special education services, related services, or supplementary aids and services. IDEA defines assistive technology as both a device and service.

*The term **assistive technology device** means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a child with a disability (P.L. 108-446, Part A, Section 602 (1)(A)).*

*The term does not include a medical device that is surgically implanted, or the replacement of such device (P.L. 108-446, Part A, Section 602 (1)(B)).*

This broad definition includes a wide variety of items that might be considered as assistive technology devices. To make it easier for educators to identify tools and resources that a student may need, assistive technology is typically categorized into the following areas of need: physical, fine/gross motor, communication, sensory, academic, recreation/leisure, vocational, and self-help. Examples of items that may be used as assistive technology are included in the *List of Possible Assistive Technology Resources* provided in the Appendix.

IDEA identifies the services that are included under assistive technology as part of the definition.

*The term **assistive technology service** means any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. The term includes-*

- *evaluation of needs, including a functional evaluation, in the child's customary environment;*
- *purchasing, leasing or otherwise providing for the acquisition of assistive technology devices;*
- *selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing of assistive technology devices;*

- *coordinating with other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;*
- *training or technical assistance for a child with disabilities, or where appropriate that child's family; and*
- *training or technical assistance for professionals (including individuals providing education and rehabilitation services), employers or others(s) who provide services to employ, or are otherwise, substantially involved in the major life functions of children with disabilities (P.L. 108-446, Part A, Section 602 (2)).*

## **INSTRUCTIONAL TECHNOLOGY**

### **Definition of Instructional Technology**

The Association for Educational Communications and Technology (AECT) defines instructional technology as "the theory and practice of design, utilization, management, and evaluation of processes and resources for learning" (AECT, 2005). This definition includes the wide range of materials, practice, and evaluation that are used in schools for teaching and learning.

### **Instructional Technology and Assistive Technology**

Considering the definition above, instructional technology includes any type of technology or strategy that is used in the teaching and learning process. Assistive technology is a form of instructional technology that is specifically identified for persons with a disability who require a device or service **in order to receive a Free and Appropriate Education (FAPE)**. Many of the technology tools that are provided as part of the typical resources for classroom instruction may also be utilized as an assistive technology device. For example, word processors are widely utilized in today's classrooms and may also be considered as an assistive technology option for some students with disabilities who have difficulty writing. Generally, technology is considered as assistive technology if the student would be unable to independently participate in a task or independently access the resources in the environment relevant to his IEP goals without the technology. Additionally, if a student's use of technology requires a modification or accommodation to the way in which it is typically used, then it would likely be considered as assistive technology. In most cases in which the student is accessing or applying technology in the manner or method typically used by his/her peers, the technology would not be considered as assistive technology.

## **UNIVERSAL DESIGN**

Educational environments that provide a variety of instructional technology tools offer flexible alternatives that are necessary in promoting access to the curriculum and the



principles of universal design. Universal design is a concept originally used in architecture for the construction of buildings and materials that provide access for individuals with disabilities. This term has been expanded into accessibility for learning environments and information technology. In the newly reauthorized IDEA, Section 602 (36), the definition of the term "universal design" has the meaning identified in the Assistive Technology Act of 1998 listed below.

*The term 'universal design' means a concept or philosophy for designing and delivering products and services that are usable by people with the widest possible range of functional capabilities, which include products and services that are directly usable (without requiring assistive technologies) and products and services that are made usable with assistive technologies (Assistive Technology Act 105-394, § 2432 (iv)(2)(a)(1)).*

Universal Design for Learning (UDL) is a concept developed by the Center for Applied Special Technology (CAST) that connects the principles of universal design to principles of learning supported by brain research and literature on learning. For effective UDL, accessibility must be considered during the planning of curriculum and activities so that access features are built into the overall design, instead of retrofitted after the curriculum has already been produced. CAST identifies three areas for determining accessibility. These areas are based on brain research indicating how the brain learns. In determining accessibility, educators must consider how learning tasks affect recognition, expression and engagement.

- **Recognition:** How are students expected to identify, interpret or recognize the information given?
- **Expression:** How are students expected to express or communicate their understanding of information?
- **Engagement:** What is the interest of the student or what is the motivation/value in learning the information?

The provision of flexibility does not indicate that curriculum expectations should be lowered. Criteria can be maintained when careful planning for access is identified during lesson development.

Technology and digital media are important in UDL because they can offer teachers tools for providing varied materials and resources. For example, in using a computer, students can manipulate the style of text, add sound, hyperlink to resources, output to a variety of peripherals, such as a braille printer, and vary input through options such as alternate keyboards, voice recognition, or a switch. When lessons have been prepared through a single type of classroom media such as the traditional paper and pencil worksheet, textbooks, and chalkboards, it becomes difficult to make those materials accessible to learners who cannot see them, use their hands to manipulate them, or understand the information written on them. These static materials, although very beneficial to many

students in the learning environment, provide barriers for learning for some individuals with disabilities.

# LEGAL MANDATES FOR ASSISTIVE TECHNOLOGY

## FEDERAL

The IDEA mandate for assistive technology referenced in §300.308 of the current Federal Register is the foundation for the provision of assistive technology in special education programs. The federal regulations have been revised since the passage of IDEA 2004 and are expected to be approved by December of 2005. The proposed federal regulations subsection for assistive technology is §300.105(a) and is listed below. The language for this subsection is consistent with the former regulations.

*Each public agency must ensure that assistive technology devices or assistive technology services, or both, as those terms are defined in §§ 300.5 and 300.6, respectively, are made available to a child with a disability if required as a part of the child's—*

- (i) Special education under § 300.36;*
- (ii) Related services under § 300.34; or*
- (iii) Supplementary aids and services under §§ 300.38 and 300.114(a)(2)(ii).*

*On a case-by-case basis, the use of school-purchased assistive technology devices in a child's home or in other settings is required if the child's IEP Team determines that the child needs access to those devices in order to receive FAPE (Authority: 20 USC 1412(a)(12)(B)(I)).*

IDEA specifically addressed the requirement for the provision of assistive technology in the consideration of special factors.

*The IEP Team shall-*

*...In the case of a child who is blind or visually impaired, provide for instruction in braille ...unless the IEP team determines that it is not appropriate for the child (20 U.S.C § 1414 (d)(3)(B)(iii)).*

*...Consider the communication needs of the child, and in the case of a child who is deaf or hard of hearing, consider the child's language and communication needs... (20 U.S.C § 1414 (d)(3)(B)(iv)).*

*...Consider whether the child requires assistive technology devices and services (20 U.S.C § 1414 (d)(3)(B)(v)).*

IDEA requires that if assistive technology is required for the student to participate in district-wide or statewide testing, the need for technology must be documented in the IEP (Authority: 20 U.S.C. 1414 (d)(a)).

## STATE

This section outlines Louisiana regulations regarding assistive technology for students with disabilities from *Title 28 Part XLIII, Bulletin 1706, Subpart A - Regulations for Students with Disabilities* (hereafter referred to as *Bulletin 1706*), the *Louisiana Pupil Appraisal Handbook, Bulletin 1508* (hereafter referred to as *Bulletin 1508*) and the *Louisiana IEP Handbook, Bulletin 1530* (hereafter referred to as *Bulletin 1530*).

### ***Bulletin 1706***

*Bulletin 1706* addresses the IDEA mandates for consideration of special factors in sections 444 (b) and (c) titled "IEP Content and Format":

- B. The IEP team shall also consider the following special factors and include, if needed, a statement addressing these issues on the IEP*
- 1. in the case of a student whose behaviors impede his or her learning or that of others, if appropriate, strategies including positive behavioral intervention strategies and supports to address that behavior;*
  - 2. in the case of a student with limited English proficiency, the language needs of the student as those needs relate to the student's IEP;*
  - 3. in the case of a student who is blind or visually impaired, instruction in braille and the use of braille unless the IEP team determines – after an evaluation of the student's reading and writing skills, needs and appropriate reading and writing media (including an evaluation of the student's future needs for instruction in braille or the use of braille) – that instruction in braille or the use of braille is not appropriate for the student;*
  - 4. the communication needs of the student; and in the case of a student who is deaf or hard-of-hearing, not only the student's language and communication needs, but also the opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode; the LEA shall ensure that hearing aids worn in school by student with hearing impairments, including deafness, are functioning properly;*
  - 5. whether the student requires assistive technology devices and services based on assessment/evaluation results; if it is determined that the student requires assistive technology devices or assistive technology services, or both, they shall be made available to the student with a disability as a part of the student's special education services, as a related service, or as*

*supplementary aids and services; on a case-by-case basis, the use of school-purchased assistive technology devices in a student's home or in other settings is required if the student's IEP team determines that the student needs access to those devices in order to receive a FAPE; and*

6. *in the case of a student who has health problems, needs to be met during the school day; such medical conditions as asthma; diabetes; seizures; or other diseases/disorders that may require lifting and positioning, diapering, assistance with meals, special diets, or other health needs;*

C. *If in considering the special factors described in B.1-6. above, the IEP team determines that a student needs a particular device or service (including an intervention, accommodation, or other program modification) in order for the student to receive a FAPE, the IEP team shall include a statement to that effect in the student's IEP.*

*Bulletin 1706* also addresses assistive technology in section 464 titled "Program Accessibility":

- A. *Program accessibility shall be ensured within existing facilities and accomplished through one of the following*
  1. *alteration of existing facilities; or*
  2. *nonstructural changes; redesign of equipment; procurement of accessible educational technology; utilization of assistive technology; reassignment of classes or other services to accessible buildings;...*

### ***Bulletin 1508***

*Bulletin 1508* outlines specific guidelines for screening and evaluation to ensure the identification of students who require assistive technology. It requires that Pupil Appraisal conduct an assistive technology screening as part of the pre-referral and screening activities listed in the following areas of section 107:

*Assistive Technology screening is accomplished through an observation of the student's skills and educational environment. An assistive technology assessment may be needed if the screening results indicate the student has difficulty in any of the following areas:*

- a. *Verbal communication*
- b. *Written communication*
- c. *Access to the curriculum*
- d. *Working independently to complete educational activities*

## **Bulletin 1530**

*Bulletin 1530* addresses consideration of assistive technology by IEP teams in the following statement:

*Consideration shall be given for every student with a disability who is eligible for an individualized education program as to whether the student requires assistive technology devices and/or services to receive a free and appropriate education. This decision may be accomplished at any time during the initial evaluation by the evaluation team, or later by the IEP team when the IEP is developed, and then again when the IEP is reviewed and/or revised. It would be of maximum benefit to the student if the need is determined during the course of the initial evaluation and an assistive technology assessment is conducted in accordance with evaluation procedures, but ultimately it is the IEP team that must identify the student's need for assistive technology (p. 126).*

In the following statement, *Bulletin 1530* describes the importance of documenting assistive technology in the IEP:

*A major problem in the ongoing assessment and planning of assistive technology for a student can be the loss of information from one year to the next, from one professional to the next, or from one school to the next. Therefore, the IEP becomes the central document for communicating about the student's past history, current need and future need for assistive technology (p. 126).*

## **PART II: CONSIDERATION, SCREENING, AND REFERRAL**

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# CONSIDERATION

## WHAT IS ASSISTIVE TECHNOLOGY CONSIDERATION?

**Assistive Technology Consideration** is a decision-making process for determining whether a student requires assistive technology in order to receive FAPE. Louisiana requires that an initial screening and, if indicated, assessment of assistive technology is required during the initial evaluation process. For students eligible for an IEP, consideration of assistive technology must occur when the IEP is developed, reviewed and/or revised.

There are three general conclusions to be made when considering assistive technology: the student needs assistive technology, the student does not need assistive technology, or the student may need assistive technology. The list below identifies critical elements for making effective consideration decisions. It was developed by the *Quality Indicators for Assistive Technology (QIAT) Consortium*, a group of nationally recognized leaders who discuss and outline procedures for best practice related to the provision of assistive technology services. This list serves as the guideline for the development of the consideration process described in this document.

### *Quality Indicators for Consideration of Assistive Technology Needs*

- *Assistive technology devices and services are considered for all students with disabilities regardless of the type and severity of disability.*
- *The IEP team has the knowledge and skills to make informed assistive technology decisions.*
- *A continuum of assistive technology devices and services is explored.*
- *Decisions regarding the need for assistive technology devices and services are made based on access to the curriculum and the student's IEP goals and objectives.*
- *Decisions regarding the need for assistive technology devices and services and supporting data are documented*

(Zabala, J. & Bowser, G., 2000)

## THE CONSIDERATION PROCESS

The premise of the consideration process is that IEP teams are responsible for making decisions regarding assistive technology. When IEP teams participate in the decision-making process, they have direct input on the implementation and success of the assistive technology program. Although every member of the IEP does not need to have a specialized knowledge about assistive technology, the input from each member regarding



the student's program and progress is necessary for the discussion. At least one member of the team should have some knowledge about assistive technology and be able to direct the team to assistive technology resources.

The question of whether a student needs assistive technology requires thoughtful attention and analysis of all areas related to that student's goals. The consideration process presented in this document was developed to help the IEP team simplify this analysis, organize information, and lead discussion. This process is adapted from several sources including the *Student, Environment, Task, and Tools (SETT)* procedure developed by Joy Zabala, the *Consideration Guide* from the WISC, and the *Consideration Checklist* from GPAT.

The consideration process begins with the IEP team reviewing information about the student, any issues he/she may have in accessing curriculum, and his/her progress toward completing educational goals. (For cases such as an initial evaluation, in which assistive technology needs have already been determined through an assistive technology assessment, the issue of assistive technology has already been addressed. The IEP team should review the recommendations of the assessment and document its action on the IEP.)

The review includes gathering information about the following:

- *the student's skills or issues of access affecting his/her performance*
- *the environment(s) where the student completes goals and activities*
- *the task(s) that the student needs to accomplish and the student's present level of performance on that task, and*
- *other strategies, modifications or accommodations (technology or non-technology strategies) that are already in use.*

(Zabala, 1999)

The IEP team discusses whether assistive technology is required, may be required, or that more information is needed in order to make a decision. If the team determines that the student requires assistive technology and is aware of technology that meets the student's needs, such as technology that is already available in the student's educational environment, it records the assistive technology decision on the IEP. In a case in which the team is unsure of the need, appropriateness, or the availability of assistive technology during the consideration discussion, it will need to gather more information through a screening or, if indicated, refer the student for an assistive technology assessment. To complete the consideration determination in such cases, the team would document that a screening is required. The team should then proceed into the screening phase of the process.

To guide IEP teams through the process of consideration, a *Consideration Checklist* has been developed. (See the *Consideration Checklist* and directions in the Appendix, Figure 1.) The *Consideration Checklist* provides a framework to lead discussion and a format for documenting decisions made by the IEP team. It is designed to facilitate a brief

discussion about the assistive technology needs of a student. This process precedes any in-depth analysis that may be required through a more detailed screening and referral process. Districts may use this checklist or develop their own process for consideration of assistive technology. The district is responsible for identifying its procedures for the consideration of assistive technology to any personnel responsible for IEP development. The procedures should indicate whom to contact for assistive technology issues, district requirements for requesting assistive technology, and any procedures for documentation.

## **DOCUMENTATION OF CONSIDERATION OF ASSISTIVE TECHNOLOGY ON THE IEP**

The *Louisiana Pupil Appraisal Handbook, Bulletin 1508*, and *IEP Handbook, Bulletin 1530*, recommend that information about assistive technology should be identified in the General Student Information section of the IEP.

Assistive technology may be listed in the IEP as special education, related services, or supplementary aids and services. When appropriate, assistive technology should be integrated into goals and objective statements and transition planning.

If assistive technology is required as a component of standardized assessment, the assistive technology must be indicated in the IEP area for standardized testing accommodations and modifications, and a statement must be included to describe the use of the assistive technology.

When an assistive technology service is indicated, it may be written in the Program Services area of the IEP. If the service is a component of another service already listed (e.g., Speech Therapy, Occupational Therapy or Special Education Service), the assistive technology service should not be listed separately. Information about assistive technology evaluations should be listed in the IEP area describing re-evaluation information.

In most cases, it is more appropriate to identify the type or category of equipment, instead of listing a specific brand or device so that the team has more choices in the selection of technology that meets the particular need. For example, in the case of a student who requires the use of word processing with text-to-speech, there are a variety of programs that provide text-to-speech support. If the IEP team specifies a name of a particular program, they limit the use of other programs or program options that may already be available in multiple classroom settings or community settings that the student could otherwise use effectively. However, in special circumstances in which consistency in the device or technology used must be maintained, it may be necessary to specifically name the device.

## SCREENING

An assistive technology screening is a tool used to indicate a student's performance in specific areas where the student may be having difficulty. The screening is utilized to determine whether a student may benefit from assistive technology or whether further assessment is required. The screening may be conducted as part of the evaluation process, part of the IEP process, or through a request from a parent or member of the student's educational team. As required by the *Louisiana Pupil Appraisal Handbook, Bulletin 1508*, a screening must be conducted during the initial evaluation process. Screening may be indicated as part of the IEP process if the consideration discussion suggests that more information is required to make a decision. The screening is typically conducted at the school site level by a member of the student's educational team, but it may also be conducted by personnel such as someone familiar with assistive technology, assessment, or special education programs.

The *Louisiana Pupil Appraisal Handbook, Bulletin 1508* appendix provides a screening checklist for use by school teams. The screening checklist has been adapted to a table format and is included in the Appendix (Figure 3). Districts may use this screen or develop their own screening tool. The screening checklist serves as an organizer for identifying those skills and activities in which assistive technology might benefit a student's functioning in an academic setting. The statements are designed to be answered with a simple "yes" or "no" decision. Statements that receive a "no" response indicate an area of concern and possible area for intervention. The result of the screening should indicate one of the following:

- The student has been considered for assistive technology and further action is not required at this time.
- The student has been considered for assistive technology and additional screening is recommended in particular areas.
- The student has been considered for assistive technology and the following "low tech" solutions are recommended. The team lists the low tech solutions.
- The student has been screened for assistive technology and a referral for a full assistive technology assessment is recommended. In this case, the individuals conducting the screening are unable to determine the assistive technology needs of the student and require assistance in making appropriate decisions.

## REPORTING SCREENING RESULTS

Screening results must be documented and reported through one of the following processes:

- For screenings that occur during the initial pupil appraisal evaluation and indicate that assistive technology is not needed, information regarding the screening must be noted within the body of the pupil appraisal evaluation.
- For screenings that occur as a result of IEP consideration and indicate that no further assessment is required, the screening should be placed with the student's records. If assistive technology is recommended in this case, documentation must be made on the IEP.
- When the screening process has been completed and results indicate that further assessment is needed, the student should be referred for an assistive technology assessment and the screening should be included as a part of the referral packet.

# REFERRAL

When the need for assessment has been indicated as a result of the IEP consideration discussion, screening, or a parent concern, the team should submit a referral. Referral is the process for requesting an assessment by individuals with expertise in the area of assistive technology. These individuals are typically members of the district assistive technology team or consultants requested through district special education procedures. The district is responsible for identifying district procedures for requesting a referral, who to contact, and the information required.

The referral provides valuable information to the assessment team about the student's current needs and issues regarding why the assessment is needed. A referral typically follows the consideration and screening determinations. It is completed when any of the following determinations have been made:

- The student cannot independently perform a task within his/her curriculum.
- Accommodations, modifications, or assistive technology currently in place are not effective.
- Decisions about the assistive technology needs are beyond the scope of knowledge of the IEP team.

Referral information will assist the assessment team in focusing on what is to be assessed. The IEP team must agree on the issues being addressed and focus the referral on the functional capabilities of a student and the barriers created by the student's disability. The referral forms included in this section were developed to help the IEP team frame assessment questions about the student, the environment, the task, and the educational strategies or technology. They include the following information:

- The specific task the student needs to do
- The student's current level of performance on that task
- The affect of the student's disability on his/her performance
- The environments in which the task needs to be done
- Any environmental concerns or other issues that the assessment team needs to know about
- Specific tools or strategies that someone on the team thinks should be considered
- Assistive technology, modifications, or accommodations are currently in place

The list of forms below provides a format for referral. (See figure 4 in the Appendix.) Districts may use these forms or develop their own.

- Referral Form
- Home/School Questionnaire Form

- Background Information Form
- Parental Permission for Assessment
- Parental Permission for Photographing/Videotaping

Other resources that may be included in the referral packet include the following:

- A copy of the student's current IEP
- A copy of the student's current pupil appraisal evaluation
- The consideration checklist

## **PART III: THE ASSESSMENT PROCESS**

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# ASSESSMENT PROCESS AND PLANNING

## DEFINITIONS

This document distinguishes between the terms "evaluation" and "assessment" as defined below. The word "assessment" is used to identify the process for determining the need for assistive technology outlined in this section.

**Evaluation:** A group of activities conducted to determine a child's eligibility for special education, as in a pupil appraisal evaluation.

**Assessment:** A group of activities that is conducted after eligibility for special education has been established and is used to determine a child's specific needs with regard to assistive technology.

## LAWS AFFECTING SCHOOL DISTRICTS

Each school district is required to identify whether a student needs assistive technology to achieve FAPE and ensure that assistive technology devices and services are provided as part of the child's special education program. These services include the assistive technology evaluation as defined by IDEA below.

**Assistive technology device** means *any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of children with disabilities* (P.L. 108-446, Part A, Section 602 (1)).

**Assistive technology service** means *any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. The term includes:*

- *the evaluation of needs including a functional evaluation, in the child's customary environment;*
- *purchasing, leasing or otherwise providing for the acquisition of assistive technology devices;*
- *selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing of assistive technology devices;*
- *coordinating with other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;*
- *training or technical assistance for a child with disabilities, or where appropriate that child's family; and*



- *training or technical assistance for professionals (including individuals providing education and rehabilitation services), employers or others(s) who provide services to employ, or are otherwise, substantially involved in the major life functions of children with disabilities (P.L. 108-446, Part A, Section 602 (2)).*

## **BEST PRACTICE IN ASSISTIVE TECHNOLOGY ASSESSMENT**

In the 2004 reauthorization of the IDEA, Subpart B, Part 300.6, the definition of assistive technology services includes “the evaluation of needs of the child with a disability, including a functional evaluation, in the child’s customary environment.” Based on this section of the law, the following best practices or *Quality Indicators for Assistive Technology (QIAT)* were developed by a consortium of assistive technology specialists in 1998 (Bowser, G., Korsten, J., Reed, P., & Zabala, J., 1999).

- *A knowledgeable, supportive network of people work together to help every IEP team choose and provide appropriate assistive technology devices and services.*
- *School district employees who work with children with disabilities (including general education teachers) have at least an awareness level knowledge about what assistive technology is and what it does.*
- *Employees who work with children with disabilities and have contact with parents of those children, know the law about assistive technology, district procedures for obtaining and evaluating for assistive technology and how to initiate those procedures.*
- *Administrators understand and comply with the laws related to assistive technology.*
- *Specific individuals at both the building and district level have been designated with specific responsibilities related to assistive technology and provided the necessary training, resources, and support to carry out those responsibilities (WATI Assessment Package, 2004).*

The above quality indicators dictate a need for change in the following areas:

- *A need for change in the view of assistive technology assessment: From a “one shot”, separate event to an ongoing, continual part of educational planning.*
- *A need for change in who conducts the assistive technology assessment: From an expert based at a center to the local team in the natural setting.*

- *A need for change in the scheduling of an assistive technology assessment: From an isolated, one time event to an ongoing, continual process, which includes trials with potential assistive technology.*
- *A need for changes in support and follow through: from limited support and poor follow through to meaningful follow through involving all team members.*

(WATI Assessment Package, 2004)

The changes advocated by the QIAT model suggest that assistive technology assessment is ongoing and should provide a process for continual support and monitoring as needs are indicated. In this model, this type of on-going maintenance would indicate the need to assign a team or individual with the responsibility of conducting or coordinating assistive technology assessment and to be available for follow-up upon request. There is also a need for staff development for teachers and support staff. The quality indicators also indicate the need to consider a student-centered approach in which the student's feelings about assistive technology are supported by his/her family, peers, and teachers.

## **THE ASSISTIVE TECHNOLOGY TEAM**

Assistive technology assessments should be conducted by a multidisciplinary team comprised of people who collectively have knowledge about the abilities and needs of the student, the demands of the customary environments, the educational objectives, and assistive technology devices and services. At least one member of the team should have knowledge of the assistive technology needed in the student's deficit area. Various team members bring different information and strengths to the assessment process. The members of an assistive technology team for a student are usually determined by the educational needs of that student and may vary depending on the components of assessment required for a student. An assistive technology assessment should actively involve the student's parents, and when appropriate, the student. The following team members represent a list of individuals who may be involved in the assessment process:

- *A person knowledgeable about assistive technology devices and services (such as an assistive technology specialist)*
- *A person knowledgeable in the area of language, usually a speech/language pathologist.*
- *A person knowledgeable in the area of motor, often an occupational or physical therapist.*
- *A person who can commit the district's resources, not only for purchase of devices, but also to authorize staff training and guarantee implementation in various educational settings, usually an administrator.*

Input may be obtained from the following:

- *Audiologist*
- *Regular education teacher*
- *Student*
- *Special education teacher*
- *Early intervention specialist*
- *Paraprofessional*
- *Nurse*
- *Vocational counselor*

(WATI Assessment Package, 2004)

The above is not an exhaustive list and should be customized for each student. Any staff member who is a part of the decision-making process or is involved in the implementation of the assistive technology recommendations may be included in the assessment process. The team may be selected based on a student observation conducted by the team leader or the assistive technology professional assigned by the school district (WATI Assessment Package, 2004).

## **ASSISTIVE TECHNOLOGY ASSESSMENT TIMELINES**

In using a team approach, it may be necessary to coordinate different schedules, identify responsibilities and identify timelines. The *Timeline Guide* provided in the Appendix may be used to help teams coordinate the assessment.

# **ASSISTIVE TECHNOLOGY ASSESSMENT COMPONENTS**

The assistive technology assessment includes the following components which are described below:

- Pre-Assessment Activities
- Obtaining Background Information
- Conducting Assistive Technology Assessment
- Recommendations
- Report Writing
- Follow-up

## **PRE-ASSESSMENT ACTIVITIES**

An assistive technology assessment is typically requested as the result of screening, consideration, or referral.

### **Review of Assistive Technology Screening**

The assistive technology screening is used for initial evaluations. It may be used at any other time that the educational team determines that the student may require assistive technology to benefit from the educational program. A screening is conducted to specifically identify those areas where the student demonstrates difficulty and possible areas for intervention (See page 18).

### **Review of Consideration Information**

The consideration process documents IEP team decisions regarding the assistive technology needs in a student's program. Throughout this process, the team analyzes information about the tasks the student needs to complete and accommodations already in place to determine if the student requires assistive technology. If the team determines that more information is needed in order to make a determination, the team should conduct an assistive technology screening or refer for assessment (See page 15).

### **Review of Referral**

The referral is a formal request for an assistive technology assessment that includes information identifying the student, the area(s) where the student is having difficulty, and the concern or question that the assessment team should consider for the assistive technology assessment (See page 20).

## **OBTAINING BACKGROUND INFORMATION**

The process described in this assessment component applies many of the strategies, tools and checklists outlined in the Wisconsin Assistive Technology Initiative (WATI) and the *Student, Environment, Tasks, Tools (SETT)* framework developed by Joy Zabala (1994). The materials provided through the WATI are available for free at <http://www.wati.org>. The *SETT* framework simplifies the task of making assistive technology decisions by providing a tool for organization of the information gathered and questions to lead the decision-making process. The following sections briefly outline the components of the *SETT*.

### **Gathering Information about the Student**

When gathering information about the student, the following questions need to be answered:

- What are the student's special needs and current abilities?
- What does the student need to do?
- What assistive technology is in current use and has been used in the past?
- What was the outcome?

### **Gathering Information about the Environment**

Effective, appropriate decisions about assistive technology can only be made when teams are well informed about the student's environments (Zabala, 1994). Best practices in assessment procedures strongly encourage observing the student in several environments with a specific focus on describing the environment and the activities/tasks in which the student and his/her peers are engaged.

Information gathered from all customary environments, including the classroom, lunchroom, playground, assemblies, home, and any relevant community sites such as shopping malls, restaurants, and church may be considered as part of the assessment process.

Information to be gathered can be guided by specific questions such as these:

- What equipment and materials are available in each environment?
- Who are the primary people interacting with the student?
- How is instruction or direction delivered?
- What modifications are typically made in various environments?
- What is the student's position and location in the classroom?
- Where are the things the student needs to see, such as the chalkboard, overhead, etc.?
- What is the lighting and sound like in the setting?
- How are transitions accomplished? Are there concerns?

## **Observation of the Student**

Information gathering with regard to assistive technology may start with an observation process. The purpose of the observation is to prepare for the assistive technology assessment by determining the components and equipment that will be necessary to conduct assessment. The assessment team will need to select an appropriate time and place for the observation.

To select a time and place it might be necessary to do the following:

- Review the student's IEP for specifics about the student's program and assistive technology use.
- Talk to the teacher to schedule a time and place when the student uses assistive technology the most. If the student uses the assistive technology throughout the entire day, observe in the setting where he/she spends the most amount of his/her time receiving instruction.
- If no assistive technology is being used with the student, schedule a time when the greatest number of concerns could be resolved using assistive technology.
- Determine a meeting place and time using input from teacher(s), therapists, and assistants.
- Take into consideration what will happen in the class that day (e.g. special events).

Although the observation is unstructured, it may be helpful to use an observation checklist for gathering information and record keeping. (See Figure 5 in the Appendix for a sample checklist.) Once the observation is completed, the team should review the checklist to determine whether any additional information needs to be obtained to clarify events observed. The team should maintain checklist notes or write a brief summary detailing the observation to be used for reference during the actual assessment.

## **Framing the Assessment Question**

Assessment requires a focus to analyze all of the information gathered. Without focus, the task would be overwhelming and chaotic. To direct the assessment the team should answer the questions about why an assistive technology assessment is needed and pinpoint the specific area on which to concentrate their examination. The following assessment questions can be used to organize all of the information gathered during the pre-assessment activities:

- What task(s) does the student need to perform that is currently difficult or impossible and for which assistive technology may be an option?
- What previous interventions or recommendations (including accommodations, modifications, or technology) have already been provided?
- What areas need to be examined?

## **CONDUCTING ASSISTIVE TECHNOLOGY ASSESSMENT**

The information gathered through the pre-assessment activities and background information described previously will guide assessment by identifying the specific areas that need to be examined. A recommended strategy for conducting the actual assessment is to utilize a systematic assessment process that includes a series of questions or probes to target a student's skills, strengths and weaknesses. The probes provided in Figure 6 of the Appendix were adapted from the WATI Assistive Technology Assessment Packet and provide a structured format for identifying detailed information about each of the following areas:

- Fine Motor Related to Computer (or Device) Access
- Motor Aspects of Writing
- Composing Written Material
- Communication
- Reading
- Learning and Studying
- Math
- Recreation and Leisure
- Seating and Positioning
- Mobility
- Vision
- Hearing

The assessment team may use these probes, develop their own, or use any additional resources that will help them make decisions about assistive technology. The process for assessment may take several site visits and observations. A trial period and data recording may be required to determine the most appropriate assistive technology. In addition to observation, the assessment team may gather information through methods such as photographs, interviews, video recording, and samples of the student's work.

## **RECOMMENDATIONS**

Once the assessment team examines the assessment results, they should report their findings and provide recommendations. If assistive technology is recommended, the team may decide to use items that are already available in the district or research other resources for assistive technology. A list of possible assistive technology resources is provided in the Appendix, Figure 2. In many situations, a trial period may be necessary to determine if the recommended technology is appropriate for the student, environment, and task. In such cases, the team may need to acquire assistive technology through a loan or rental program. The assessment recommendations should include information describing the assistive technology solution and may include additional information such

as how to locate the technology, how to arrange for training, and where to identify possible resources for implementation strategies. The recommendations are included in the report of assessment results described in the next section.

## **REPORTING ASSESSMENT RESULTS**

When the assistive technology assessment is part of an initial or review pupil appraisal evaluation, it should be an integrated component of that report. The assistive technology report should follow any district procedures or guidelines for formatting and submission of an assessment or evaluation. Information gathered through the assessment should be written in a summary report and submitted to the IEP team. The assistive technology assessment report should address whether the student needs assistive technology and how assistive technology will benefit the student's educational program. When an assistive technology assessment has been conducted outside of the initial or review pupil appraisal evaluation, a copy of that report shall be attached to all copies of the current evaluation, a copy shall be sent to pupil appraisal, and a copy shall be sent to the parent. A sample report template is provided in the Appendix, Figure 7.

## **FOLLOW-UP**

Follow-up will vary depending on individual district procedures and who completed the assessment. Whether the assessment is completed by district personnel or an outside assessment consultant, a follow-up process should be identified to maintain communication with the IEP team and identify any issues of concern, progress, or required changes. This follow-up may be addressed through a variety of communications such as use of a follow-up form, on-site visits, telephone consultations, online forums, data collection procedures, e-mail, video, or other formats. The follow-up should include information from the IEP team members, including the student (when possible), the parents, and any teachers or related service providers who work with the student's technology program.



## **PART IV: APPENDIX**

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## Consideration Checklist Directions

The following directions are provided for using the *Consideration Checklist* in Figure on page 35. The *Consideration Checklist* is divided into a 3-part process described below.

**Part I** In Part I, the IEP team identifies instructional areas where a student may be experiencing difficulties or areas in which the student may already be using assistive technology. To assist IEP teams in identifying technology that may be considered for each instructional area, a consideration resource is attached to the checklist as an additional reference. (See Figure 2 on pages 36 and 37.)

Part I. Identify any area that is keeping the student from accomplishing IEP goals that reflect his/her abilities, or identify any area where the student is already using AT. →			Was 1 or more area identified?
<input type="checkbox"/> A. <a href="#">Motor Aspects of Writing</a>	<input type="checkbox"/> F. <a href="#">Learning/Studying</a>	<input type="checkbox"/> K. <a href="#">Environmental Control</a>	<input type="checkbox"/> Yes - Go to Part II. <input type="checkbox"/> No - Consideration is complete.
<input type="checkbox"/> B. <a href="#">Computer Access</a>	<input type="checkbox"/> G. <a href="#">Math</a>	<input type="checkbox"/> L. <a href="#">Positioning and Seating</a>	
<input type="checkbox"/> C. <a href="#">Composing Written Material</a>	<input type="checkbox"/> H. <a href="#">Recreation</a>	<input type="checkbox"/> M. <a href="#">Vision</a>	
<input type="checkbox"/> D. <a href="#">Communication</a>	<input type="checkbox"/> I. <a href="#">Activities of Daily Living</a>	<input type="checkbox"/> N. <a href="#">Hearing</a>	
<input type="checkbox"/> E. <a href="#">Reading</a>	<input type="checkbox"/> J. <a href="#">Mobility</a>	<input type="checkbox"/> O. Other: _____	

Based on the information listed in Part 1, the team answers the following question: **Was one or more area identified?**

If areas of need are identified, the team will select **YES** on the checklist and proceed to Part II. If no areas of need are identified, the team will select **NO** on the checklist to indicate that the student does not need assistive technology and that the consideration process is complete.

**Part II** Part II should only be completed if the team has indicated a **YES** decision in Part I. In Part II, the IEP team lists the specific task(s) and environments for each area identified in Part I. They describe any current strategies, accommodations, or technology (including assistive technology) being used.

Part II. List the area(s) identified in Part I. Specify the task(s) the student is unable to do and the environment(s) where that task takes place. →	Briefly list or describe any special strategies, accommodations or technology already being used. →	Is the student able to complete tasks at his/her ability with any special strategies, accommodations or technology already being used?
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes - Current strategies are adequate. Consideration is complete. <input type="checkbox"/> Yes - The student's current use of AT is adequate. Consideration is complete. Document current use of AT on the IEP. <input type="checkbox"/> No - Go to Part III.
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	

Based on the information listed in Part 2, the team answers the following question: **Is the student able to complete tasks at his/her ability with the special strategies, accommodations or technology already being used?**

The team selects **YES** on the checklist if current strategies are adequate and documents current assistive technology strategies on the IEP.

The team selects **NO** on the checklist if current strategies, accommodations, or technology already being used are not adequate and proceeds to Part III.

**Part III** Part III should only be completed if the team has indicated a **NO** decision in Part II. There are two general conclusions the IEP team can reach in Part III.

<b>Part III. Select one of the following and proceed as described.</b>
<input type="checkbox"/> AT is required. The IEP team knows the nature and extent of the AT devices/services needed and will address AT in the student's IEP.
<input type="checkbox"/> AT may be required. The IEP team determines that additional information is needed and will conduct additional AT screening by _____ (date). Record this statement on the IEP.

Assistive technology is required. The IEP team knows the nature and extent of the assistive technology devices/services needed and will address AT in the student's IEP.

Assistive technology may be required. The IEP team determines that additional information is needed and documents a date when they will conduct additional assistive technology screening. The team records this information on the IEP.

Figure 1

## Assistive Technology Consideration Checklist

Directions: Use this form to consider the need for assistive technology (AT). If a child requires AT, document AT needs on the IEP.

<b>Part I. Identify any area that is keeping the student from accomplishing IEP goals that reflect his/her abilities, or identify any area where the student is already using AT.</b> <span style="float: right;">—————→</span>			<b>Was 1 or more area identified?</b>
<input type="checkbox"/> A. <a href="#">Motor Aspects of Writing</a> <input type="checkbox"/> B. <a href="#">Computer Access</a> <input type="checkbox"/> C. <a href="#">Composing Written Material</a> <input type="checkbox"/> D. <a href="#">Communication</a> <input type="checkbox"/> E. <a href="#">Reading</a>	<input type="checkbox"/> F. <a href="#">Learning/Studying</a> <input type="checkbox"/> G. <a href="#">Math</a> <input type="checkbox"/> H. <a href="#">Recreation</a> <input type="checkbox"/> I. <a href="#">Activities of Daily Living</a> <input type="checkbox"/> J. <a href="#">Mobility</a>	<input type="checkbox"/> K. <a href="#">Environmental Control</a> <input type="checkbox"/> L. <a href="#">Positioning and Seating</a> <input type="checkbox"/> M. <a href="#">Vision</a> <input type="checkbox"/> N. <a href="#">Hearing</a> <input type="checkbox"/> O. Other: _____	<input type="checkbox"/> Yes - Go to Part II.  <input type="checkbox"/> No – Consideration is complete.
<b>Part II. List the area(s) identified in Part I. Specify the task(s) the student is unable to do and the environment(s) where that task takes place.</b> <span style="float: right;">—————→</span>	<b>Briefly list or describe any special strategies, accommodations or technology already being used.</b> <span style="float: right;">—————→</span>		<b>Is the student able to complete tasks at his/her ability with any special strategies, accommodations or technology already being used?</b>
			<input type="checkbox"/> Yes - Current strategies are adequate. Consideration is complete.
			<input type="checkbox"/> Yes - The student’s current use of AT is adequate. Consideration is complete. Document current use of AT on the IEP.
			<input type="checkbox"/> No - Go to Part III.
<b>Part III. Select one of the following and proceed as described.</b>			
<input type="checkbox"/> AT is required. The IEP team knows the nature and extent of the AT devices/services needed and will address AT in the student’s IEP.			
<input type="checkbox"/> AT may be required. The IEP team determines that additional information is needed and will conduct additional AT screening by _____ (date). Record this statement on the IEP.			

Comments:

Form completed by:

**Note:** This list is provided to assist in the consideration of assistive technology for the development, review or revision of a student's educational program. It provides some tools and strategies that teams may want to investigate as possible technology solutions. This is not a complete list of assistive technology resources and strategies. The educational team should consider additional resources when making decisions for a student's needs.

**A. Motor Aspects of Writing**

- Pencil or pen with adaptive grip
- Adapted paper (e.g. raised lines, highlighted lines, and so on)
- Slantboard
- Type writer
- Portable word processor
- Computer
- Other:

**B. Computer Access**

- Keyboard using accessibility options
- Keyguard
- Arm support (e.g. ergonomic support)
- Track ball, track pad, joystick with onscreen keyboard
- Alternate keyboard
- Mouth stick or head pointer with standard or alternate keyboard
- Switch with Morse code
- Switch with scanning
- Voice recognition software
- Word prediction software to reduce keystrokes
- Head mouse or head master/tracer with onscreen keyboard
- Other:

**C. Composing Written Material**

- Word cards, word book, or word wall
- Pocket dictionary or thesaurus
- Electronic or talking electronic dictionary, thesaurus, or spell checker
- Word processor with spelling and grammar checker
- Talking word processor for multi-sensory typing
- Multimedia software for expression of ideas (assignments)
- Concept mapping and outlining software
- Word processor with word prediction to facilitate spelling and sentence construction
- Voice recognition software
- Other:

**D. Communication**

- Communication board or book with pictures, objects, letters, or words
- Eye gaze board (Eye gaze communication)
- Simple voice output device
- Voice output device with levels
- Voice output device with dynamic display
- Voice output device with icon sequencing

- Device with speech synthesis for typing

**E. Reading**

- Changes in text size, spacing, color, or background color
- Use of pictures with text
- Book adapted for page turning (e.g. *page fluffers*, 3-ring binder, cardboard in page protector)
- Talking electronic dictionary to pronounce challenging words
- Flatbed scanner with talking word processor
- Electronic books
- Text to speech software for Web and electronic text
- Concept mapping and outlining software
- Other:

**F. Learning and Studying**

- Print or picture schedule
- Low-tech aids to find and organize materials (i.e., index tabs, color coded folders, pocket notebooks/binders)
- Highlight text (e.g. markers, highlight tape, ruler)
- Software for manipulation of objects or concept development.

**List of Possible Assistive Technology**

- Software for organization of ideas and studying
- Recorded material (books on tape, taped lectures with number coded index)
- Other:

**G. Math**

- Abacus or math line
- Calculator, with or without print out
- Talking calculator
- Calculator with large keys or large LCD print out
- On-screen calculator
- Software with templates for math computation (consider adapted input methods)
- Tactile or voice output measuring devices (e.g. clock, ruler)
- Electronic math/concept manipulatives
- Other:

**H. Recreation**

- Adapted toys and games (e.g. toy with adaptive handle)
- Use of battery interrupter and switch to operate a toy
- Adaptive sporting equipment (e.g. lighted or bell ball, Velcro mitt)
- Universal cuff to hold crayons, markers, or paint brush
- Modified utensils (e.g. rollers, stampers, scissors)

- Ergonomic arm support arm for drawing or painting
- Drawing or graphic program on computer
- Recreational computer games/electronic games
- Music software on computer/adapted tape recorder, etc.
- Other:

**I. Activities of Daily Living**

- Adaptive eating devices (e.g. foam handle on utensil)
- Adaptive drinking devices (e.g. cup with cut out rim)
- Adaptive dressing equipment (e.g. button hook, reader)
- Other:

**J. Mobility**

- Walker
- Grab rails
- Manual wheelchair
- Powered mobility toy
- Powered wheelchair with joystick, head switch, or sip/puff controls
- Other:

**K. Environmental Control**

- Light switch extension
- Use of electronic control unit and switch to turn on electrical appliances (e.g. radio, fan, blender, and so on)
- Radio or ultrasound remote controlled appliances

- Other:

**L. Positioning and Seating**

- Nonslip surface on chair to prevent slipping
- Bolster, rolled towel, or blocks for feet
- Adapted or alternate chair, side lyer, stander
- Custom fitted wheel chair or insert
- Other:

**M. Vision**

- Eye glasses
- Magnifier
- Large print books
- Screen magnifier (mounted over screen)
- Screen color contrast
- Screen magnification software
- CCTV (closed circuit television)
- Screen reader
- Braille keyboard and note taker
- Braille translation software
- Other:

**N. Hearing**

- Hearing aid
- FM System
- Classroom amplification
- Captioning
- Signaling device (e.g. vibrating pager)
- TDD/TTY for phone access
- Screen flash for alert signals on computer
- Other:

Figure 3

## Louisiana Assistive Technology Screening Checklist for Use in Educational Programming

Adapted to table format from the *Louisiana Pupil Appraisal Handbook, Bulletin 1508*

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Screening Date: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ School: \_\_\_\_\_ District: \_\_\_\_\_

The *Assistive Technology Screening Checklist* documents physical, fine/gross motor, communication, sensory, academic, recreation and leisure, vocational, and self-help areas in which assistive technology may be considered to enable a student with a disability to access the general education curriculum. It serves as an organizer for considering those skills and activities in which assistive technology would benefit a student's functioning in an academic setting.

**Directions:** Check *yes* or *no* for the following statements.

### Physical Functioning/Motor Abilities

Task	Yes	No	Comment
1. The student can sit upright while completing tasks at his/her desk (i.e., not slouched, can hold head upright).			
2. The student maintains an appropriate posture while seated and actively engaged in a motor task (i.e., keyboarding, cutting).			
3. The student participates in playing and running activities without atypical postures.			
4. The student sits on the floor without assuming asymmetrical postures.			
5. The student has the motor skills necessary to get to/from school and/or get around within the school.			
6. The student participates in physical activities (structured or independent) and navigates within the classroom without tripping and stumbling.			
7. The student climbs and descends stairs independently.			

8. The student is able to open doors independently.			
9. The student maintains balance while performing an activity (e.g. getting up from the floor)			
10. The student carries objects while walking independently (e.g. books and papers).			
<b>Comments:</b>			

### Fine Motor Skills

Task	Yes	No	Comment
1. The student cuts and/or handles scissors independently.			
2. The student uses writing utensils (i.e., markers, paintbrush, pencil, crayons) independently.			
3. The student copies materials from a book.			
4. The student turns pages in a book.			
5. The student ties shoes, buttons, snaps, and/or uses zippers independently			
6. The student operates door handles, water faucets and uses manipulatives.			
7. The student uses a standard keyboard to access a computer.			
8. The student draws, forms letters, stays on the line, and/or traces accurately with writing utensils.			
<b>Comments:</b>			



### Communication Functioning

Task	Yes	No	Comment
1. The student speaks to communicate. (Check the level of the communication development.) a. <input type="checkbox"/> Fluent Conversation b. <input type="checkbox"/> Multiword Phrases c. <input type="checkbox"/> Single Word Utterances d. <input type="checkbox"/> Vocalizations e. <input type="checkbox"/> Other			
2. The student uses a mode other than speech to communicate. (Check the communication mode.) f. <input type="checkbox"/> Modes(s) used g. <input type="checkbox"/> Fluent Conversation h. <input type="checkbox"/> Multiword Phrases i. <input type="checkbox"/> Single Word Utterances j. <input type="checkbox"/> Vocalizations k. <input type="checkbox"/> Other			
3. The student responds to speech and noises in the environment.			
4. The student's mode of communication is understood by others.			
<b>Comments:</b>			

### Vision/Hearing

Task	Yes	No	Comment
1. The student is able to see printed materials presented in the classroom.			
2. The student is able to see toys/objects in the classroom environment.			

3. The student is able to transfer information from a book, chart, and/or chalkboard to paper.			
4. The student has some usable vision.			
5. The student has some usable hearing.			
6. The student is able to hear speech/noise out of his/her field of vision.			
7. The student responds best to speech when the stimulus is within six feet of the speaker.			
8. The student speaks in an unusually loud voice.			
<b>Comments:</b>			

### Academic Functioning

Task	Yes	No	Comment
1. The student understands basic cause/effect.			
2. The student makes choices.			
3. The student has the age-appropriate attention span needed to handle school/daily living tasks.			
4. The student has sequencing skills.			
5. The student can remember the steps necessary to accomplish a task.			
6. The student visually tracks along a line of print.			
7. The student reads text independently.			
8. The student writes legibly.			
9. The student writes legibly at a reasonable rate.			
10. The student accomplishes written tasks (e.g., paragraphs, essays, short answers).			
11. The student correctly spells words needed to communicate in written form.			
12. The student performs mathematical tasks needed for school and/or for daily living.			

13. The student takes notes at the level needed in school and/or in daily living.			
<b>Comments:</b>			

**Recreation and Leisure**

<b>Task</b>	<b>Yes</b>	<b>No</b>	<b>Comment</b>
1. The student uses the playground equipment independently.			
2. The student participates in group recreational activities, such as sports and group games.			
3. The student participates in activities requiring fine motor skills, such as board games or art.			
4. The student participates in extra-curricular activities, such as clubs.			
<b>Comments:</b>			

**Vocational Functioning**

<b>Task</b>	<b>Yes</b>	<b>No</b>	<b>Comment</b>
1. The student demonstrates sufficient stamina to work in a job.			
2. The student maintains a position for extended periods of time.			
3. The student uses a computer without modifications.			
4. The student holds the telephone and dials independently.			
5. The student independently uses equipment at a vocational training program.			
<b>Comments:</b>			

### General Health

Task	Yes	No	Comment
1. The student breathes without difficulty.			
2. The student demonstrates sufficient stamina to maintain academic involvement throughout the school day.			
3. The student independently uses stairs, elevators, lockers, etc. within the school/work/community environment.			
4. The student's health condition is adequate for satisfactory school performance.			
5. The student demonstrates physical strength needed to participate in school activities.			
<b>Comments:</b>			

### Self-Help

Task	Yes	No	Comment
1. The student independently uses a variety of clothing fasteners.			
2. The student organizes and maintains his/her school supplies and materials.			
3. The student independently files through a lunch line, selects meal items, and proceeds to a table.			
4. The student maintains personal hygiene.			
5. The student uses restrooms independently.			
6. The student manages meal-time utensils adequately.			
<b>Comments:</b>			

**Possible Assistive Technology Accommodations Needed for LEAP Testing.**

**Test accommodations are provided to minimize the effects of a student’s disability to ensure that a student can demonstrate the degree of achievement he or she actually possesses. Test accommodations should not be different from or in addition to the accommodations provided in the classroom during instruction and assessment as indicated on the student’s IEP. The goal in using accommodations is to give students with disabilities an equal opportunity in assessment, not to give students with disabilities an unfair advantage over other students or to subvert or invalidate the purpose of the tests. (LA Pupil Appraisal Handbook)**

<b>Task</b>	<b>Yes</b>	<b>No</b>	<b>Comment</b>
1. The student requires assistive technology to follow test directions.			
2. The student requires assistive technology to respond to test questions.			
3. The student requires assistive technology to access the test booklet and answer document.			
<b>Comments:</b>			

**Summary of Results of Louisiana Assistive Technology Screening Checklist for Use in Educational Programming:** Examine areas on the screening where student has received *no* responses. Review and determine if a referral for further assessment is necessary.

**Recommendations: (Check the one statement that applies.)**

- 1. Student has been considered for assistive technology and further action is not required at this time.
- 2. Student has been considered for assistive technology and additional screening in the following areas is recommended:
- 3. Student has been considered for assistive technology and the following “low-tech” solutions are recommended:
- 4. Student has been screened for assistive technology and a referral for a full assistive technology assessment is recommended.

**Action Taken:**

Figure 4 –Referral Packet, Form A Referral Form

### **Assistive Technology Referral Form**

Student Name: _____	School: _____
Date of Birth: _____	Age: _____ Sex: _____ Grade: _____
Parent/Guardian: _____	Home Phone: _____
Address: _____	Work Phone: _____
_____	Email Address: _____
_____	
Exceptionality: _____	Related Services: _____
Teacher: _____	Paraprofessional: _____
_____ Minutes per week in Regular Ed.	_____ Minutes per week in Sp. Ed. classes
Referred by: _____	Phone: _____

Reason for Referral.

1. What is the task the student needs to accomplish?

---

---

---

2. What is the student's current level of performance on this task?

---

---

---

3. How is the student's disability affecting his/her performance?

---

---

---

4. In which environment(s) does this task need to be done?

---

---

---

5. Are there environmental concerns or other issues of concern?

---

---

6. Are there specific tools or strategies that someone on the team thinks should be considered?

---

---

---

List all assistive technology currently used.

- |   |   |
|---|---|
| <input type="checkbox"/> None   | <input type="checkbox"/> Low-tech writing aids    |
| <input type="checkbox"/> Manual communication board                         | <input type="checkbox"/> Amplification system     |
| <input type="checkbox"/> Low-tech vision aids                               | <input type="checkbox"/> Mobility/positioning aid |
| <input type="checkbox"/> Environmental Control Unit/EADL                    | <input type="checkbox"/> Computer-type/platform   |
| <input type="checkbox"/> Word prediction                                    | <input type="checkbox"/> Voice recognition        |
| <input type="checkbox"/> Augmentative communication system- Describe: _____ |   |
| <input type="checkbox"/> Adaptive input - Describe: _____                   |   |
| <input type="checkbox"/> Adaptive output - Describe: _____                  |   |
| <input type="checkbox"/> Other _____  |   |

Date screening tool completed: \_\_\_\_\_

Signatures of persons/positions completing information.

\_\_\_\_\_/\_\_\_\_\_  
Name Title

\_\_\_\_\_/\_\_\_\_\_  
Name Title

Figure 4 –Referral Packet, Form B Background Information

## Referral Background Information

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**School:** \_\_\_\_\_

### I. Educational Information

#### A. Primary Disability

- |  |  |
|--|--|
| <input type="checkbox"/> Orthopedically Impaired<br><input type="checkbox"/> Mildly Intellectually Disabled<br><input type="checkbox"/> Moderately Intellectually Disabled<br><input type="checkbox"/> Severely Intellectually Disabled<br><input type="checkbox"/> Profoundly Intellectually Disabled<br><input type="checkbox"/> Speech-Language Impaired<br><input type="checkbox"/> Learning Disabled<br><input type="checkbox"/> Autistic | <input type="checkbox"/> Hard of Hearing<br><input type="checkbox"/> Deaf<br><input type="checkbox"/> Vision Impaired<br><input type="checkbox"/> Blind<br><input type="checkbox"/> Other Health Impaired<br><input type="checkbox"/> Severely Emotionally Disturbed<br><input type="checkbox"/> Behavior Disordered |
|--|--|

#### B. Secondary Disability

- |  |  |
|--|--|
| <input type="checkbox"/> Orthopedically Impaired<br><input type="checkbox"/> Mildly Intellectually Disabled<br><input type="checkbox"/> Moderately Intellectually Disabled<br><input type="checkbox"/> Severely Intellectually Disabled<br><input type="checkbox"/> Profoundly Intellectually Disabled<br><input type="checkbox"/> Speech-Language Impaired<br><input type="checkbox"/> Learning Disabled<br><input type="checkbox"/> Autistic | <input type="checkbox"/> Hard of Hearing<br><input type="checkbox"/> Deaf<br><input type="checkbox"/> Vision Impaired<br><input type="checkbox"/> Blind<br><input type="checkbox"/> Other Health Impairment<br><input type="checkbox"/> Severely Emotionally Disturbed<br><input type="checkbox"/> Behavior Disordered |
|--|--|

#### C. Time in Regular Education Class

Is this student served in a regular education class?  Yes  No  
 If yes, specify time, location, and if teacher or paraprofessional support is provided.

Approximate Amount of Time/Day	Location	Support Provided

### II. Medical Diagnosis

- |  |  |
|--|--|
| <input type="checkbox"/> Cerebral palsy<br><input type="checkbox"/> Down's syndrome<br><input type="checkbox"/> Other syndrome (Specify) _____<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Closed head injury<br><input type="checkbox"/> Neurological disease (Specify) _____ |
|--|--|



### III. Current Status

#### A. Hearing

Date of most recent formal auditory testing: \_\_\_\_\_

Results: \_\_\_\_\_

Based on formal and informal measures, student exhibits:

- \_\_\_\_\_ No hearing loss
- \_\_\_\_\_ Mild hearing loss (\_\_\_left ear \_\_\_right ear \_\_\_both)
- \_\_\_\_\_ Moderate hearing loss (\_\_\_left ear \_\_\_right ear \_\_\_both)
- \_\_\_\_\_ Severe hearing loss (\_\_\_left ear \_\_\_right ear \_\_\_both)
- \_\_\_\_\_ Deaf
- \_\_\_\_\_ Does student's hearing effect his/her ability to use recorded information or synthesized speech?

Hearing concerns: \_\_\_\_\_

#### B. Cognitive and Academic Status

Date of most recent psychological assessment: \_\_\_\_\_ Type \_\_\_\_\_

Results \_\_\_\_\_

Date of most recent achievement test: \_\_\_\_\_ Specify \_\_\_\_\_

Reading level

\_\_\_non-reader \_\_\_pre-primer \_\_\_1st-3rd \_\_\_3rd-5th \_\_\_5th-7th \_\_\_7th-12th

Spelling level

\_\_\_non-reader \_\_\_pre-primer \_\_\_1st-3rd \_\_\_3rd-5th \_\_\_5th-7th \_\_\_7th-12th

Math level

\_\_\_pre-K \_\_\_1st-3rd \_\_\_3rd-5th \_\_\_5th-7th \_\_\_7th-12th

Written communication

- \_\_\_\_\_ Student copies/braille letters and numbers
- \_\_\_\_\_ Student copies/braille name
- \_\_\_\_\_ Student writes/braille letters and numbers
- \_\_\_\_\_ Student writes/brailles name
- \_\_\_\_\_ Student writes legibly
- \_\_\_\_\_ Student composes words
- \_\_\_\_\_ Student composes phrases
- \_\_\_\_\_ Student composes sentences
- \_\_\_\_\_ Student composes paragraphs/stories

#### C. Behavior

- \_\_\_\_\_ Student demonstrates aggressive behavior
- \_\_\_\_\_ Student demonstrates stereotypic (self-stimulatory) behavior
- \_\_\_\_\_ Student demonstrates perseverative behavior
- \_\_\_\_\_ Student demonstrates other inappropriate behavior Describe \_\_\_\_\_

\_\_\_\_\_ Student demonstrates inappropriate behaviors that have communicative intent Describe: \_\_\_\_\_

#### D. Communication

Based on the results of the **formal** and **informal** testing, the student exhibits:

- \_\_\_\_\_ No communication impairment
- \_\_\_\_\_ Mild communication impairment
- \_\_\_\_\_ Moderate communication impairment
- \_\_\_\_\_ Severe-profound communication impairment

Briefly describe any communication concerns: \_\_\_\_\_  
\_\_\_\_\_

**E. Computer Access/Use**

\_\_\_\_\_ Student does not currently utilize a computer  
\_\_\_\_\_ Student utilizes a computer for the following purposes:  
\_\_\_\_\_ educational \_\_\_\_\_ leisure \_\_\_\_\_ communication \_\_\_\_\_ vocational

**F. Motor**

Complete with input from Occupational and/or Physical Therapist if appropriate.

Date and results of formal motor assessment \_\_\_\_\_  
\_\_\_\_\_

Based on the results of **formal** and **informal** measures, student exhibits:

\_\_\_\_\_ No motor impairment  
\_\_\_\_\_ Suspected motor impairment  
\_\_\_\_\_ Motor impairment

Briefly describe any motor concerns: \_\_\_\_\_  
\_\_\_\_\_

**G. Vision (Please complete with input from vision specialist if appropriate.)**

Date of most recent eye exam \_\_\_\_\_

Visual status: Right/OD- \_\_\_\_\_

Left/OS- \_\_\_\_\_

Field Loss (Please describe in detail) \_\_\_\_\_

Optimal placement of stimuli \_\_\_\_\_

Age/Date of onset \_\_\_\_\_

Cause of visual impairment (Etiology) \_\_\_\_\_

Is visual condition stable? \_\_\_\_\_

Describe any deficiencies in color vision \_\_\_\_\_

Date of most recent Low Vision Exam \_\_\_\_\_

Was Low Vision Aid prescribed? Specify \_\_\_\_\_

Vision Concerns

\_\_\_\_\_ acuity \_\_\_\_\_ tracking \_\_\_\_\_ visual field  
\_\_\_\_\_ nystagmus \_\_\_\_\_ scanning \_\_\_\_\_ strabismus

Date of most recent Learning Media Assessment \_\_\_\_\_

Results \_\_\_\_\_  
\_\_\_\_\_

How does student access printed information? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Referral-Parent Permission for Assistive Technology Assessment**

Date: \_\_\_\_\_

To the Parent/Guardian of \_\_\_\_\_

From: \_\_\_\_\_, Title \_\_\_\_\_

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

Your child has been referred for an assistive technology assessment. This assessment is to determine whether or not your child may benefit from the use of assistive technology in his/her school setting. Your permission is required to begin the assessment process. Your cooperation is appreciated.

Please sign and return this form to your child’s classroom teacher.

Check One:

\_\_\_\_\_ Yes, I give permission for my child to be assessed for assistive technology.

\_\_\_\_\_ No, I refuse permission for my child to be assessed.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

Figure 4 – Referral Packet, Form D Parent Permission to Photograph or Video Tape

**Referral-Parent Permission to Photograph and/or Video Tape**  
**During an Assistive Technology Assessment**

Date: \_\_\_\_\_

To the Parent/Guardian of \_\_\_\_\_

From: \_\_\_\_\_, Title \_\_\_\_\_

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

Your child has been referred for an assistive technology assessment. This assessment is to determine whether or not your child may benefit from the use of assistive technology in his/her school setting. Your permission is required to take photographs and/or videotape your child during the assessment process. Your cooperation is appreciated.

Please sign and return this form to your child’s classroom teacher.

Check One:

\_\_\_\_\_ Yes, I give permission for my child to be photographed and/or videotaped during an assistive technology assessment.

\_\_\_\_\_ No, I refuse permission for my child to be assessed.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

Figure 5 Assessment Packet, Timeline Guide, Form A

## Timeline Guide

<b>Timeline Guide</b>				
School District/Agency School: _____				
Student: _____			Grade: _____	
Team Members: _____				
<b>Tasks</b>	<b>Projected date</b>	<b>Date completed</b>	<b>Team member responsible</b>	<b>Comments</b>
Gathering background information and observation of the child				
Scheduling meeting				
Completing different components of the assessment				
Decision making, prioritizing solutions and determination of an implementation plan				
Trial with the assistive technology				
Report writing				
Follow-up				
Adapted from the WATI Assessment Packet, <a href="http://www.wati.org">http://www.wati.org</a> , 2004				

Figure 5 Assessment Packet, Background Information, Form B Observation Checklist and Student Information

**OBSERVATION CHECKLIST**

<b>STUDENT IDENTIFICATION INFORMATION</b>		
Student's Name:	School:	Date of Birth:
Student's Age:	Grade:	Date of Report:
School Contact Person:	Phone for Contact:	Person Completing Form:
Parent(s) Name:	Parent's Phone:	Address:
Student's Primary Language:		Family's Primary Language:
<b>GENERAL INFORMATION</b>		
<p>Are there any behaviors (both positive and negative) that significantly impact the student's performance? Describe:</p>		
<p>Are there significant factors regarding student's strengths, learning style, coping strategies or interests that the team should consider?</p>		
<p>Are there any other significant factors regarding the student that the team should consider?</p>		
<p>Does the student fatigue easily or experience a change in performance at different times of the day?</p>		
<b>CURRENT STATUS OF TECHNOLOGY</b>		
<p>List any technology (including computer hardware and/or software) currently used by the student at school and/or home:</p>		
<p>How often does this student make use of the assistive technology that is available?</p>		
<p>What is the level of assistance that the student needs while using the technology?</p>		
<p>Is the technology adequate for the educational objective? Describe:</p> <p>When is it used?</p> <p>How successful and independent is the student?</p> <p>What could be done to increase the student's effective use of appropriate assistive technology now in place?</p>		

Figure 5 Assessment Packet, Background Information, Form B Observation Checklist and Student Information

<b>PROVIDE INFORMATION ABOUT THE COMPUTERS AVAILABLE FOR USE:</b>	
Typical school platform:	
What type of computers are now available for student use? Where are the computers?	
What type of computers could be made available for student use? Where could they be located?	
How often, for how long, and for what type of use does the student have access to these computers?	
<b>OBSERVATION CHECKLIST - ENVIRONMENTAL INFORMATION</b>	
<b>This component of the observation checklist may be completed by the student's teachers. It may be copied to include information about multiple settings/teacher responses.</b>	
Observer:	Date of Observation:
<b>Describe the environment: Record short responses in the space provided.</b>	
Special or general education classroom	
Specialty classroom (Specify: e.g., P.E., computer lab)	
Therapy room	
Number of teachers in the classroom	Number of paraprofessionals in the classroom
Number of volunteers in the classroom	Number of students in the classroom
Number of days per week in the program	Number of hours per day in this program
Is the atmosphere busy or quiet?	Are there large open areas or small divided sections?
How are the desks arranged?	Is the furniture sized/accessible for the student?
Are materials accessible, appropriate, varied, interesting, and developmentally appropriate?	Is special equipment available? Identify.
Where is the classroom located in relationship to the cafeteria, therapy, outdoor play areas, etc.?	
Describe the location of the bathroom (e.g., inside the classroom, down the same hall)?	
Adapted from the WATI Assessment Package, <a href="http://www.wati.org">http://www.wati.org</a> , 2004	

## ASSISTIVE TECHNOLOGY ASSESSMENT AREAS

### *Fine Motor Related to Computer (or Device) Access*

#### **Current Fine Motor Abilities**

Observe the student using paper and pencil, typewriter, computer, switch, etc. Look at the movements as well as the activities and situations. Does the student have voluntary, isolated, controlled movements using the following? (Check all that apply.)

<input type="checkbox"/> Left hand	<input type="checkbox"/> Right hand	<input type="checkbox"/> Eye(s)
<input type="checkbox"/> Left arm	<input type="checkbox"/> Right arm	<input type="checkbox"/> Head
<input type="checkbox"/> Left leg	<input type="checkbox"/> Right leg	<input type="checkbox"/> Mouth
<input type="checkbox"/> Left foot	<input type="checkbox"/> Right foot	<input type="checkbox"/> Tongue
<input type="checkbox"/> Finger(s)	<input type="checkbox"/> Eyebrows	<input type="checkbox"/> Other

Describe briefly the activities/situations observed.

#### **Range of Motion**

Student has specific limitations to range.  Yes  No

Describe the specific range in which the student has the most motor control.

#### **Abnormal Reflexes and Muscle Tone**

Student has abnormal reflexes or abnormal muscle tone.  Yes  No

Describe briefly any abnormal reflex patterns or patterns of low or high muscle tone that may interfere with the student's voluntary motor control.

#### **Accuracy**

Student has difficulty with accuracy.  Yes  No

Describe how accurate, reliable, and consistent the student is in performing a particular fine motor task.

#### **Fatigue**

Student fatigues easily.  Yes  No



Describe how easily the student becomes fatigued.

### **Assisted Direct Selection**

What type of assistance for direct selection has been tried? (Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Keyguard                      | <input type="checkbox"/> Head pointer/head stick |
| <input type="checkbox"/> Pointers, hand grips, splints | <input type="checkbox"/> Light beam/laser        |
| <input type="checkbox"/> Other:                        |  |

Describe which seemed to work the best and why.

### **Size of Grid**

What is the smallest square the student can accurately access?

- 1"square       2"square       3"square       4"square

What is the optimal size grid? Size of square:

Number of squares: Across      Down

### **Scanning**

If student cannot direct select, does the student use scanning?

- Yes       No

If yes, what kind of scanning:  step     automatic     inverse     other:

Preferred control site (body site):

Other possible control sites:

### **Type of Switch**

The following switches have been tried. (Check all that apply. Circle the one or two that seemed to work the best.)

- |  |                                      |                                      |   |
|--|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Touch (jellybean) | <input type="checkbox"/> Light touch | <input type="checkbox"/> Wobble      | <input type="checkbox"/> Rocker         |
| <input type="checkbox"/> Joystick          | <input type="checkbox"/> Lever       | <input type="checkbox"/> Head switch | <input type="checkbox"/> Mercury (tilt) |
| <input type="checkbox"/> Arm slot          | <input type="checkbox"/> Eye brow    | <input type="checkbox"/> Tongue      | <input type="checkbox"/> Sip/puff       |
| <input type="checkbox"/> Tread             | <input type="checkbox"/> Other:      |                                      |   |

## Summary of Student's Abilities and Concerns Related to Computer/Device Access

### *Motor Aspects of Writing*

#### **Current Writing Ability** (Check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> Holds pencil, but does not write          | <input type="checkbox"/> Pretends to write                |
| <input type="checkbox"/> Scribbles with a few recognizable letters | <input type="checkbox"/> Uses regular pencil              |
| <input type="checkbox"/> Uses pencil adapted with _____            | <input type="checkbox"/> Copies simple shapes             |
| <input type="checkbox"/> Copies from book (near point)             | <input type="checkbox"/> Copies from board (far point)    |
| <input type="checkbox"/> Prints a few words                        | <input type="checkbox"/> Writes on 1" lines               |
| <input type="checkbox"/> Prints name                               | <input type="checkbox"/> Writes on narrow lines           |
| <input type="checkbox"/> Writes cursive                            | <input type="checkbox"/> Uses space correctly             |
| <input type="checkbox"/> Writing is limited due to fatigue         | <input type="checkbox"/> Sizes writing to fit spaces      |
| <input type="checkbox"/> Writing is slow and arduous               | <input type="checkbox"/> Writes independently and legibly |

#### **Assistive Technology Used** (Check all that apply.)

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Paper with heavier lines | <input type="checkbox"/> Paper with raised lines | <input type="checkbox"/> Pencil grip |
| <input type="checkbox"/> Special pencil or marker | <input type="checkbox"/> Splint or pencil holder | <input type="checkbox"/> Typewriter  |
| <input type="checkbox"/> Computer                 | <input type="checkbox"/> Other:                  |                                      |

#### **Current Keyboarding Ability** (Check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> Does not currently type               | <input type="checkbox"/> Activates desired key on command           |
| <input type="checkbox"/> Types slowly, with one finger         | <input type="checkbox"/> Types slowly, with more than one finger    |
| <input type="checkbox"/> Accidentally hits unwanted keys       | <input type="checkbox"/> Performs 10 finger typing                  |
| <input type="checkbox"/> Requires arm or wrist support to type | <input type="checkbox"/> Accesses keyboard with head or mouth stick |
| <input type="checkbox"/> Uses mini keyboard to reduce fatigue  | <input type="checkbox"/> Uses switch to access computer             |
| <input type="checkbox"/> Uses Touch Screen                     | <input type="checkbox"/> Uses alternative keyboard                  |
| <input type="checkbox"/> Uses access software                  | <input type="checkbox"/> Uses Morse code to access computer         |
| <input type="checkbox"/> Uses adapted or alternate keyboard    |   |
| <input type="checkbox"/> Other:                                |   |

#### **Computer Use** (Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Has never used a computer   | <input type="checkbox"/> Uses computer at school           |
| <input type="checkbox"/> Uses computer for games   | <input type="checkbox"/> Uses computer for word processing |
| <input type="checkbox"/> Uses computer's spell checker   |  |
| <input type="checkbox"/> Uses computer for a variety of purposes, such as _____                  |  |
| <input type="checkbox"/> Has potential to use computer but has not used a computer because _____ |  |

#### **Computer Availability and Use** (Check all that apply.)

The student has access to the following computer(s)

- |                             |                                    |                                |
|-----------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> PC | <input type="checkbox"/> Macintosh | <input type="checkbox"/> Other |
|-----------------------------|------------------------------------|--------------------------------|

Desktop       Laptop

Location:

The student uses a computer

Rarely

Frequently

Daily for one or more subjects or periods

Every day, all day

### **Summary of Student's Abilities and Concerns Related to Writing**

## ***Composing Written Material***

### **Typical of Student's Present Writing** (Check all that apply.)

- Short words
- Sentences
- Multi-paragraph reports
- Short phrases
- Paragraphs of 2-5 sentences
- Other
- Complex phrases
- Longer paragraphs

### **Difficulties Currently Experienced by Student** (Check all that apply.)

- Answering questions
- Generating ideas
- Getting started on a sentence or story
- Summarizing information
- Adding information to a topic
- Planning content
- Sequencing information
- Using a variety of vocabulary
- Integrating information from two or more sources
- Working w/peers to generate ideas and information
- Relating information to specific topics
- Determining when to begin a new paragraph
- Other

### **Strategies for Composing Written Materials Student Currently Utilizes** (Check all that apply.)

- Story starters
- Webbing/concept mapping
- Preset choices or plot twists
- Outlines
- Templates to provide the format or structure (both paper and electronic)
- Other

### **Aids/Assistive Technology for Composing Written Materials Utilized by Student** (Check all that apply.)

- Word cards
- Word book
- Word wall/word lists
- Prewritten words on cards or labels
- Dictionary or  Electronic dictionary/spell checker
- Whole words using software or hardware (e.g. IntelliKeys)
- Symbol-based software for writing (e.g. Writing with Symbols 2000 or Pix Writer)
- Word processing with spell checker/grammar checker
- Talking word processing
- Abbreviation/expansion
- Word processing with writing support
- Multimedia software
- Voice recognition software
- Other

### **Summary of Student's Abilities and Concerns Related to Computer/Device Access**

**Communication**

**Student’s Present Means of Communication** (Check all that are used. Circle the primary method the student uses.)

- Changes in breathing patterns
- Facial expressions
- Sign language  
(Type: \_\_\_\_\_)
- Vocalizations, list examples
- Vowels, vowel combinations, list examples
- Single words, list examples & approx. #
- Reliable no     Reliable yes     2-word utterances     3-word utterances
- Semi-intelligible speech, estimate % intelligible
- Communication board
  - Tangibles
  - Pictures
  - Combination pictures/words
- Words:
- Voice output AC device (name of device):
- Intelligible speech
- Writing
- Other:

**Those Who Understand Student’s Communication Attempts** (Check all that apply.)

	Most of the time	Part of the time	Rarely	Not Applicable
Strangers	—	—	—	—
Teachers/therapists	—	—	—	—
Peers	—	—	—	—
Siblings	—	—	—	—
Parent/Guardian	—	—	—	—

**Current Level of Receptive Language Age Approximation**

If formal testing is used, give name and scores.

If formal testing is not used, give an approximate age or developmental level of functioning. Explain your rationale for this estimate.

**Current Level of Expressive Language Age approximation:**

If formal testing is used, give and scores.

If formal testing is not used, give an approximate age or developmental level of functioning. Explain your rationale for this estimate.

### Communication Interaction Skills

Desires to communicate      Yes    No

To indicate yes and no, the student:

Shakes head      Signs      Vocalizes      Gestures      Eye gazes

Points to board      Uses word approximations      Does not respond consistently

Can a person unfamiliar with the student understand the response?  Yes  No

How often does the student do the following:

	Always	Frequently	Occasionally	Seldom	Never
Turns toward speaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aware of listener's attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds to communication interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requests clarification from communication partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repairs communication breakdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires frequent verbal prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires frequent physical prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains communication exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terminates communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe techniques student uses for repair (e.g. keeps trying, changes message, points to first letter, etc.)

**Student's Needs Related to Devices/Systems** (Check all that apply.)

- Walks       Uses wheelchair       Carries device under 2 pounds  
 Drops or throws things frequently       Needs digitized (human) speech  
 Needs device with large number of words and phrases  
 Other

**Pre-Reading and Reading Skills Related to Communication** (Check all that apply.)

- Yes     No      Object/picture recognition  
 Yes     No      Symbol recognition (tactile, PCS, Rebus, etc.)  
 Yes     No      Auditory discrimination of sounds  
 Yes     No      Auditory discrimination of words, phrases  
 Yes     No      Selecting initial letter of word  
 Yes     No      Following simple directions  
 Yes     No      Sight word recognition  
 Yes     No      Putting two symbols or words together to express an idea

**Visual Abilities Related to Communication** (Check all that apply.)

- Maintains fixation on stationary object       Looks to right and left without moving head  
 Scans line of symbols left to right       Scans matrix of symbols in a grid  
 Visually recognizes people       Visually recognizes common objects  
 Visually recognizes photographs       Visually recognizes symbols or pictures  
 Needs additional space around symbol       Visually shifts horizontally  
 Visually shifts vertically       Recognizes line drawings

**Symbols Understood by the Student:**

Referent	Object Specify Type	Color Photo	Line Drawing Size:	Printed Word Size:

**Student could identify symbols by using the following:** (Check all that apply.)

- Function     Label/name     Action     Association  
 Size       Color       Category  
  
 Student could sequence symbols to generate phrases/sentences  
 Yes       No  
 If yes, the student could sequence up to \_\_\_\_\_ symbols.

Does student seem to do better with black on white, white on black, or a specific color combination for figure/ground discrimination?

Explain anything else you think is significant about the responses the student currently uses or his/her need for augmenting communication. (Use an additional page if necessary.)

### **Summary of Student's Abilities and Concerns Related to Communication**



## **Reading**

**The Student Demonstrates the Following Literacy Skills.** (Check all that apply.)

- Engages in joint attention with adult caregiver to activities (e.g. songs, stories, games and/or toys)
- Shows an interest in books and stories with adult
- Shows an interest in looking at books independently
- Associates pictures with spoken words when being read to
- Realizes text conveys meaning when being read to
- Recognizes connection between spoken words and specific text when being read to
- Pretend writes and “reads” what he or she has written, even if scribbles
- When asked to spell a word, gets first consonant correct, but not the rest of the word
- Demonstrates sound manipulation skills including:
  - Reads initial and final sounds in words
  - Reads initial letter names/sounds
  - Recognizes, names, and prints the alphabet (if motor skills are limited, may use alternative means rather than printing to demonstrate knowledge of the alphabet)
  - When asked to spell a word, gets first and last sounds correct
- Applies phonics rules when attempting to decode printed words
- Sound blends words
- Reads and understands words in context
- Spells words using conventional spelling in situations other than memorized spelling tests
- Reads and understands sentences
- Composes sentences using nouns and verbs
- Reads fluently with expression
- Reads and understands paragraphs
- Composes meaningful paragraphs using correct syntax and punctuation

**Student’s Performance Is Improved by the Following:** (Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Smaller amount of text on page | <input type="checkbox"/> Enlarged print                                |
| <input type="checkbox"/> Word wall to refer to          | <input type="checkbox"/> Pre-teaching concepts                         |
| <input type="checkbox"/> Graphics to communicate ideas  | <input type="checkbox"/> Text rewritten at lower reading level         |
| <input type="checkbox"/> Bold type for main ideas       | <input type="checkbox"/> Reduced length of assignment                  |
| <input type="checkbox"/> Additional time                | <input type="checkbox"/> Color overlay (List color: _____ )            |
| <input type="checkbox"/> Spoken text to accompany print | <input type="checkbox"/> Being placed where there are few distractions |
| <input type="checkbox"/> Other                          |  |

## **Reading Assistance Used**

Describe the non-technology-based strategies and accommodations that have been used with this student.

### **Assistive Technology Used**

The following have been tried: (Check all that apply.)

- Highlighter, marker, template, or other self-help aid in visual tracking
- Colored overlay to change contrast between text and background
- Tape recorder, taped text, or talking books to “read along” with text
- Talking dictionary or talking spell checker to pronounce single words
- Handheld scanner to pronounce difficult words or phrases
- Computer with text-to-speech software to do the following:
  - Speak single words
  - Speak sentences
  - Speak paragraphs
  - Speak entire document

Explain what seemed to work about any of the above assistive technology that has been tried.

### **Approximate Age or Grade Level of Reading Skills**

#### **Cognitive Ability in General**

- Significantly below average
- Below average
- Average
- Above average

#### **Difficulty**

Student has difficulty decoding the following: (Check all that apply.)

- Worksheets
- Reading Textbook
- Subject Area Textbooks
- Tests

Student has difficulty comprehending the following: (Check all that apply.)

- Worksheets
- Reading Textbook
- Subject Area Textbooks
- Tests

#### **Computer Availability and Use**

The student has access to the following computer(s):

- PC
- Macintosh

#### **Frequency of Computer Use**

The student uses a computer:

- Rarely
- Frequently
- Daily for one or more subjects or periods
- Daily, most of the day

### **Summary of Student’s Abilities and Concerns Related to Reading**

## ***Learning and Studying***

### **Difficulties Student Has Learning New Material or Studying** (Check all that apply.)

- Remembering assignments
- Organizing information/notes
- Remembering steps of tasks or assignments
- Organizing materials for a report or paper
- Finding place in textbooks
- Turning in assignments
- Taking notes during lectures
- Reviewing notes from lectures
- Other:

### **Assistive Technology Tried** (Check all that apply.)

- Print or picture schedule
- Low-tech aids to find materials (e.g. index tabs, color coded folders)
- Highlighting text (e.g. markers, highlight tape, ruler)
- Recorded material
- Voice output reminders for assignments, steps of task, etc.
- Electronic organizers
- Pagers/electronic reminders
- Handheld scanner to read words or phrases
- Software for manipulation of objects/concept development
- Software for organization of ideas and studying
- Handheld computers
- Other:

### **Strategies Used**

Please describe any adaptations or strategies that have been used to help this student with learning and studying.

### **Summary of Student's Abilities and Concerns in the Area of Learning and Studying**

## ***Math***

### **Difficulties Student Has with Math** (Check all that apply.)

- Legibly writing numerals
- Understanding math related language
- Understanding meaning of numbers
- Understanding place values
- Understanding money concepts
- Completing simple addition and subtraction
- Completing multiplication and division
- Completing complex addition and subtraction
- Understanding units of measurement
- Understanding tables and graphs
- Creating graphs and tables
- Understanding time concepts
- Understanding fractions
- Working with fractions
- Converting to mixed numbers
- Understanding decimals/percents
- Solving story problems
- Understanding geometry
- Graphing
- Understanding the use of formulas
- Understanding and use of trigonometry functions
- Checking work
- Other

### **Assistive Technology Tried**

- |  |  |
|--|--|
| <input type="checkbox"/> Abacus  | <input type="checkbox"/> Talking calculator                        |
| <input type="checkbox"/> Math line   | <input type="checkbox"/> Braille calculator                        |
| <input type="checkbox"/> Enlarged math worksheets                                    | <input type="checkbox"/> Alternative keyboards (e.g. IntelliKeys)  |
| <input type="checkbox"/> Low-tech alternatives for answering                         | <input type="checkbox"/> Math “Smart Chart”                        |
| <input type="checkbox"/> Recorded material   | <input type="checkbox"/> Tactile math devices (ruler, clock, etc.) |
| <input type="checkbox"/> Voice output reminders for assignments, steps of task, etc. | <input type="checkbox"/> Electronic organizers                     |
| <input type="checkbox"/> Single-word scanners  | <input type="checkbox"/> Pagers/electronic reminders               |
| <input type="checkbox"/> Software for manipulation of objects/concept development    | <input type="checkbox"/> On screen scanning calculator             |
| <input type="checkbox"/> Software for organization of ideas and studying             | <input type="checkbox"/> Talking or Braille watch                  |
|  | <input type="checkbox"/> Palm computers                            |
|  | <input type="checkbox"/> Other:                                    |

**Strategies Used**

Describe any math strategies that have been used with this student.

Were they successful? Describe.

**Summary of Student's Abilities and Concerns in the Area of Math**

***Recreation and Leisure***

**Difficulties Student Experiences Participating in Recreation and Leisure** (Check all that apply.)

- Understanding cause and effect
- Following complex directions
- Understanding turn taking
- Communicating with others
- Handling/manipulating objects
- Hearing others
- Throwing/catching objects
- Seeing equipment or materials
- Understanding rules
- Operating TV, VCR, etc.
- Waiting for his/her turn
- Operating computer
- Following simple directions
- Other

**Activities Student Especially Enjoys**

---

---

**Adaptations Used to Enhance Participation in Recreation and Leisure**

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**How Did They help?**

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**Assistive Technology Tried** (Check all that apply.)

- Toys adapted with Velcro®, magnets, handles etc.
- Toys adapted for single switch operation
- Adaptive sporting equipment, such as lighted or beeping ball
- Universal cuff or strap to hold crayons, markers, etc.
- Modified utensils, such as rubber stamps, rollers, brushes
- Ergo Rest or other arm support
- Electronic aids to control/operate TV, VCR, CD player, etc.
- Software to complete art activities
- Games on the computer
- Other computer software
- Other

## **Summary of Student's Abilities and Concerns in the Area of Recreation and Leisure**

## *Seating and Positioning*

### **Current Seating and Positioning of Student** (Check all that apply.)

- Sits in regular chair w/ feet on floor
- Sits in regular chair w/ pelvic belt or foot rest
- Sits in adapted chair
- Sits in seat with adaptive cushion that allows needed movement
- Sits in wheelchair part of day
- Sits comfortably in wheelchair most of day
- Wheelchair in process of being adapted to fit
- Spends part of day out of chair due to prescribed positions
- Spends part of day out of chair due to discomfort
- Enjoys many positions throughout the day, based on activity
- Has few opportunities for other positions
- Uses regular desk
- Uses desk with height adjusted
- Uses tray on wheelchair for desktop
- Uses adapted table

### **Description of Seating** (Check all that apply.)

- Seating provides trunk stability
- Seating allows feet to be on floor or foot rest
- Seating facilitates readiness to perform task
- There are questions or concerns about the student's seating
- Student dislikes some positions, often indicates discomfort in the following positions:

How is the discomfort communicated?

- Student has difficulty using table or desk
- There are concerns or questions about current wheelchair.
- Student has difficulty achieving and maintaining head control. Identify the best position for head control: \_\_\_\_\_
- Can maintain head control for \_\_\_\_\_ minutes in this position.

### **Summary of Student's Abilities and Concerns Related to Seating and Positioning**



## ***Mobility***

### **Mobility** (Check all that apply.)

- Crawls, rolls, or creeps independently
- Is pushed in manual wheelchair
- Uses wheelchair for long distances only
- Uses manual wheelchair independently
- Is learning to use power wheelchair
- Uses power wheelchair
- Needs help to transfer in and out of wheelchair
- Transfers independently
- Has difficulty walking
- Walks with assistance
- Has difficulty walking up stairs
- Has difficulty walking down stairs
- Needs extra time to reach destination
- Walks independently
- Walks with appliance
- Uses elevator key independently

### **Concerns about Mobility** (Check all that apply.)

- Student seems extremely tired after walking, requires a long time to recover
- Student seems to be having more difficulty than in the past
- Student complains about pain or discomfort
- Changes in schedule require more time for travel
- Changes in class location or building are making it more challenging to get around
- Transition to new school will require consideration of mobility needs
- Other:

### **Summary of Student's Abilities and Concerns Related to Mobility**

## ***Vision***

A vision specialist should be consulted to complete this section.

**Date of Last Vision Report :** Other: \_\_\_\_\_  
Report indicates (please address any field loss, vision condition, etc.)

### **Visual Abilities** (Check all that apply.)

- Reads standard textbook print
- Reads text if enlarged to (indicate size in inches): \_\_\_\_\_
- Requires specialized lighting such as \_\_\_\_\_
- Requires materials tilted at a certain angle (indicate angle): \_\_\_\_\_
- Can read using optical aids. List: \_\_\_\_\_
- Currently uses the following screen enlargement device: \_\_\_\_\_
- Currently uses the following screen enlargement software: \_\_\_\_\_
- Recognizes letters enlarged to \_\_\_\_\_ pt. type on computer screen
- Recognizes letters enlarged to \_\_\_\_\_ pt. type for \_\_\_\_\_ minutes without eye fatigue

### **Prefers**

- Black text on white background
- White text on black background
- Other colors: \_\_\_\_\_ text on \_\_\_\_\_ background
- Tilts head when reading
- Uses only one eye: \_\_\_ Right eye \_\_\_ Left eye
- Uses screen reader: \_\_\_\_\_
- Requires recorded material, text to speech, or braille materials

### **Alternative Output**

Currently uses the following: (Check all that apply.)

- Slate and stylus
- Talking calculator
- Braille calculator
- Braille notetaker
- Electric braille
- Refreshable Braille display
- Tactile images
- Screen reader
- Braille translation software:

**Level of Proficiency** (Check the one that most closely describes the student.)

- Requires frequent physical prompts
- Requires frequent verbal cues
- Needs only intermittent cues
- Uses device to complete tasks independently
- Troubleshoots problems related to device

**Writing/Handwritten Materials** (Check all that apply.)

- Writes using space correctly
- Writes on line
- Writes appropriate size
- Reads own handwriting
- Reads someone else's writing
- Reads hand printing
- Reads cursive
- Skips letters when copying
- Requires bold or raised-line paper
- Requires softer lead pencils
- Requires colored pencils, pens, or paper
- Requires felt tip pen
- Thin point
- Thick point

**Summary of Student's Abilities and Concerns Related to Vision**

**Hearing**

Was a hearing specialist consulted to complete this section? \_\_\_ Yes \_\_\_ No

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

**Audiological Information**

Date of last audiological exam: \_\_\_\_\_

Hearing loss identified

Right Ear \_\_\_Mild \_\_\_Moderate \_\_\_Severe \_\_\_Profound

Left Ear \_\_\_Mild \_\_\_Moderate \_\_\_Severe \_\_\_Profound

Onset of hearing loss etiology: \_\_\_\_\_

**Unaided Auditory Abilities** (Check all that apply.)

- Attends to sounds
- Voices
- Background noises
- Discriminates between environmental vs. non-environmental sounds
- Turns toward sound
- Hears some speech sounds
- Understands synthesized speech

**Student’s Eye Contact and Attention to Communication** (Check all that apply.)

- Poor
- Inconsistent
- Limited
- Good
- Excellent

**Communication Used by Others**

Indicate the form of communication generally used by others in each of the following environments. (Check all that apply.)

	School	Home	Community
<input type="checkbox"/> Body language	___	___	___
<input type="checkbox"/> Tangible symbols	___	___	___
<input type="checkbox"/> Gestures	___	___	___
<input type="checkbox"/> Speech	___	___	___
<input type="checkbox"/> Cued speech	___	___	___
<input type="checkbox"/> Picture cues	___	___	___
<input type="checkbox"/> Written messages	___	___	___
<input type="checkbox"/> Signs and speech together	___	___	___
<input type="checkbox"/> Signed English	___	___	___
<input type="checkbox"/> Contact (Pidgin) sign language	___	___	___
<input type="checkbox"/> American Sign Language (ASL)	___	___	___

**Level of Receptive Proficiency in Each Environment**

	School	Home	Community
<input type="checkbox"/> Understands single words	—	—	—
<input type="checkbox"/> Understands short phrases	—	—	—
<input type="checkbox"/> Understands majority of communications	—	—	—

**Student Communicates with Others through the Following:** (Check all that apply.)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Speech                    | <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Body language                  |
| <input type="checkbox"/> Signs and speech together | <input type="checkbox"/> Gestures               | <input type="checkbox"/> Written messages               |
| <input type="checkbox"/> Signed English            | <input type="checkbox"/> Picture cues           | <input type="checkbox"/> Contact (Pidgin) sign language |
| <input type="checkbox"/> Other: _____              |   |   |

**Level of Expressive Communication:**

- Single words     Combination of words     Proficient

**Is There a Discrepancy Between Receptive and Expressive Abilities?**

- Yes     No  
If yes, describe further.

**Services Currently Used** (Check all that apply.)

- Audiology  
 Note taker  
 Educational interpreter using:  ASL     Transliterating     PSE     Oral

**Equipment Currently Used** (Check all that apply.)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Hearing aids         | <input type="checkbox"/> Cochlear implant               | <input type="checkbox"/> Telecaption decoder |
| <input type="checkbox"/> Vibrotactile devices | <input type="checkbox"/> Classroom amplification system | <input type="checkbox"/> TTY/TDD             |
| <input type="checkbox"/> FM system            |   |  |
| <input type="checkbox"/> Other                |   |  |

**Present Concerns for Communication, Writing, and/or Educational Materials**

- |  |  |
|--|--|
| <input type="checkbox"/> Cannot hear teacher/other students                | <input type="checkbox"/> Cannot respond to emergency alarm               |
| <input type="checkbox"/> Cannot participate in class discussions           | <input type="checkbox"/> Cannot benefit from educational videos/programs |
| <input type="checkbox"/> Displays receptive and expressive language delays | <input type="checkbox"/> Cannot use telephone to communicate             |

**Current Communication Functioning** (Check all that apply.)

- Desires to communicate
- Initiates interaction
- Responds to communication requests
- Reads lips
- Appears frustrated with current communication functioning
- Requests clarification from communication partners (e.g. “Would you please repeat that?”)
- Repairs communication breakdown (e.g. Keeps trying, changes message)

**Current Reading Level:**

**Summary of Hearing Abilities and Concerns**

Figure 7

## Report Template

<b>Sample Assistive Technology Assessment Report</b>	
<b>Student Information:</b>	
Student Name:	Grade:
Date of Birth:	Age:
School:	Teacher:
<b>Purpose of Evaluation:</b>	
<b>Background Information:</b>	
<b>Evaluation Plan:</b>	
<b>Evaluation Summary:</b>	
<b>Recommendations:</b>	
_____ Signature	_____ Date
Adapted from Georgia Project for Assistive Technology (GPAT) available, 2005.	

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