

**(School District's Name)  
 Special Education Services  
 Assistive Technology Team  
 UAAACT**

**Computer Pre-Assessment Packet**

Date: \_\_\_\_\_  
 Student: \_\_\_\_\_  
 Completed By: \_\_\_\_\_  
 Computer Lab Teacher: \_\_\_\_\_

1. Please describe the student's educational goals and objectives that are not currently being met but that might be met by use of a computer, word processing, computer adaptations or special software:

2. Please list the existing computer and assistive technology equipment the student has access to:

<b>Location</b>	<b>Mac (list model)</b>	<b>PC(list model)</b>	<b>AlphaSmart</b>	<b>Other</b>
In special education classroom				
In regular education classroom				
In Schools Computer Lab				
At Home (If applicable)				

**Student Computer Skills:** Please check all that apply

- 1. Access:** \_\_\_\_\_uses the regular keyboard  
 \_\_\_\_\_uses a mouse  
 \_\_\_\_\_uses a TouchWindow  
 \_\_\_\_\_uses an alternative keyboard (Name and company) \_\_\_\_\_  
 \_\_\_\_\_uses a trackball

**Access (cont)**

- \_\_\_\_\_uses a joystick (Name and Company) \_\_\_\_\_  
 \_\_\_\_\_uses a switch with:  
     \_\_\_\_hand    \_\_\_\_head    \_\_\_\_elbow    \_\_\_\_knee    \_\_\_\_eyes  
     \_\_\_\_voice    \_\_\_\_other, describe \_\_\_\_\_  
     Switch name and company) \_\_\_\_\_

**Typing/Keyboarding Skills**

- \_\_\_\_\_ “hunt and peck” typing
- \_\_\_\_\_ has touch typing skills
- \_\_\_\_\_ words per minute \_\_\_\_\_
- \_\_\_\_\_ types with only one hand
- \_\_\_\_\_ familiar with or uses alternative keyboard layout

**1. Basic Computer Operation**

- \_\_\_\_\_ Turn computer on and off
- \_\_\_\_\_ Turn monitor on and off
- \_\_\_\_\_ Insert disc into disc drive
- \_\_\_\_\_ Eject disk from disc drive
- \_\_\_\_\_ Turn printer on and off
- \_\_\_\_\_ Retrieve desired program from on-screen menu

**1. Computer Use**

- \_\_\_\_\_ needs help with basic computer use
- \_\_\_\_\_ independent in basic computer use
- \_\_\_\_\_ visually attends to the screens
- \_\_\_\_\_ has functional word processing skills
- \_\_\_\_\_ familiar with one or more word processing programs
- \_\_\_\_\_ uses computer/word processing to complete written assignments at school
- \_\_\_\_\_ completes written assignments using computer/word processing at home
- \_\_\_\_\_ can locate and move cursor efficiently on screen
- \_\_\_\_\_ can open and close a specific software application
- \_\_\_\_\_ can open and close windows and move between open applications
- \_\_\_\_\_ can open a new document
- \_\_\_\_\_ can highlight and move text
- \_\_\_\_\_ can use font and style functions
- \_\_\_\_\_ can use edit functions
- \_\_\_\_\_ can access and use spell check
- \_\_\_\_\_ can print documents currently open
- \_\_\_\_\_ can name and save a document to: \_\_\_\_\_ a folder on hard drive; \_\_\_\_\_ a disk
- \_\_\_\_\_ can open an existing document from: \_\_\_\_\_ hard drive; \_\_\_\_\_ disk
- \_\_\_\_\_ can save open document to a specific folder
- \_\_\_\_\_ can access and use onscreen help functions i.e. Microsoft Works Help
- \_\_\_\_\_ can use specific educational software (name):
  - \_\_\_\_\_ Early Learning: \_\_\_\_\_
  - \_\_\_\_\_ Reading: \_\_\_\_\_
  - \_\_\_\_\_ Math: \_\_\_\_\_
  - \_\_\_\_\_ Writing: \_\_\_\_\_

**Staff Computer Skills:** It is necessary for someone at the school site to support computer adaptations or use of a computer as an assistive technology device. Please indicate the name and job position of the person who would be primarily responsible for supporting the student’s computer needs: \_\_\_\_\_

**Please fill out completely and return to \_\_\_\_\_**  
**(Include place/school and telephone number)**