

## Wisconsin Assistive Technology Initiative Student Information Guide

The following questions are intended as a guide, providing the users with specific information and ideas on pertinent areas to consider in gathering information about the student as part of an assessment of a student's need for assistive technology. This guide may be used with more formal tests or as a way to summarize information already gained from formal testing, file reviews, interviews, and other information sources.

Student's name: \_\_\_\_\_ BD: \_\_\_\_\_ Age: \_\_\_\_\_ ID# \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ School Contact Person: \_\_\_\_\_

School phone: \_\_\_\_\_ Persons completing guide: \_\_\_\_\_

Parents name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Disability: (Check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Speech/Language                    | <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Hearing Impairment    |
| <input type="checkbox"/> Cognitive Disability               | <input type="checkbox"/> Autism                  | <input type="checkbox"/> Vision Impairment     |
| <input type="checkbox"/> Traumatic Brain Injury             | <input type="checkbox"/> Learning Disability     | <input type="checkbox"/> Emotional Disturbance |
| <input type="checkbox"/> Orthopedic Impairment, Type: _____ |  |  |

### Current Placement:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Birth-3       | <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Elementary                 |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> Secondary       | <input type="checkbox"/> Transition to post Second. |

### Classroom Setting:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Regular Ed. Classroom | <input type="checkbox"/> Resource Room | <input type="checkbox"/> Self Contained |
|--|--|---|

### Current Related Services Received:

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Other: _____ |
|---|---|---------------------------------------|

### Medical considerations: (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> History of seizures                | <input type="checkbox"/> On medication for seizure control          |
| <input type="checkbox"/> Has degenerative medical condition | <input type="checkbox"/> Has frequent pain                          |
| <input type="checkbox"/> Has multiple health problems       | <input type="checkbox"/> Has frequent upper respiratory. infections |
| <input type="checkbox"/> Has frequent ear infections        | <input type="checkbox"/> Has digestive problems                     |
| <input type="checkbox"/> Fatigues easily                    | <input type="checkbox"/> Currently taking medication for: _____     |
| <input type="checkbox"/> Other: describe briefly: _____     |   |
-

**Assistive Technology Currently Used:** (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Manual Communication Board       | <input type="checkbox"/> Augmentative Communication Device w/ voice |
| <input type="checkbox"/> Computer, type (platform): _____ |   |
| <input type="checkbox"/> Low Tech Vision Aids             | <input type="checkbox"/> Computer with Screen Enlargement           |
| <input type="checkbox"/> Computer with Voice Output       | <input type="checkbox"/> Computer with Braille Output               |
| <input type="checkbox"/> Computer with Word Prediction    | <input type="checkbox"/> Amplification systems                      |
| <input type="checkbox"/> Manual wheelchair                | <input type="checkbox"/> Power wheelchair                           |
| <input type="checkbox"/> Environmental Control Unit       | <input type="checkbox"/> Writing aids                               |
| <input type="checkbox"/> Other: _____                     |   |

**Please describe the assistive technology that has been previously tried, the length of time you tried each, and the outcome (how did it work, or why do you think it didn't work).**

Assistive Technology	Length of trial	Outcome
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Now, select the sections that best reflect the areas of concern for this student, and turn to those pages for additional questions.** (Check all that apply)

- Mechanics of Writing . . . . . Page 3
- Fine Motor related to Computer Access . . . . . Page 4
- Composing Written Material . . . . . Page 6
- Communication . . . . . Page 7
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- Learning and Studying . . . . . Page 11
- Math . . . . . Page 12
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- Seating and Positioning . . . . . Page 14
- Mobility. . . . . Page 15
- Vision . . . . . Page 16
- Hearing . . . . . Page 18

# Mechanics of Writing

## 1. Current writing ability: (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Can hold regular pencil                  | <input type="checkbox"/> Can copy simple shapes              |
| <input type="checkbox"/> Can hold pencil when adapted with: _____ | <input type="checkbox"/> Can copy simple words               |
| <input type="checkbox"/> Holds pencil, but does not write         | <input type="checkbox"/> Can copy from board                 |
| <input type="checkbox"/> Can print a few words                    | <input type="checkbox"/> Can write on 1" lines               |
| <input type="checkbox"/> Can print name                           | <input type="checkbox"/> Can write on narrow lines           |
| <input type="checkbox"/> Can write cursive                        | <input type="checkbox"/> Can use spacing correctly           |
| <input type="checkbox"/> Writing is limited due to fatigue        | <input type="checkbox"/> Can size writing to fit spaces      |
| <input type="checkbox"/> Writing is slow and arduous              | <input type="checkbox"/> Can write independently and legibly |

## 2. 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: _____            |                                      |

## 3. Current keyboarding ability: (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Does not currently type                            | <input type="checkbox"/> Can activate desired key on command         |
| <input type="checkbox"/> Can type slowly, with one finger                   | <input type="checkbox"/> Can type slowly, with more than one finger  |
| <input type="checkbox"/> Accidentally hits unwanted keys                    | <input type="checkbox"/> Can perform 10 finger typing                |
| <input type="checkbox"/> Requires arm or wrist support to type              | <input type="checkbox"/> Can access keyboard with head or mouthstick |
| <input type="checkbox"/> Uses mini keyboard to reduce fatigue               | <input type="checkbox"/> Uses switch to access computer              |
| <input type="checkbox"/> Uses Touch Window                                  | <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, such as: _____ |  |
| <input type="checkbox"/> Other: _____                                       |  |

## 4. 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 at home |
| <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: _____ |  |  |
- 

## 5. Computer availability: The student has access to the following computer(s):

- |                                     |  |  |                                   |  |
|-------------------------------------|--|--|-----------------------------------|--|
| <input type="checkbox"/> DOS        | <input type="checkbox"/> Windows                                   | <input type="checkbox"/> Macintosh           | <input type="checkbox"/> Apple II | The student uses a computer: <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Frequently | <input type="checkbox"/> Daily for one or more subjects or periods | <input type="checkbox"/> Every day, all day. |                                   |  |

Summary of student's abilities and concerns related to writing: \_\_\_\_\_

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## Fine Motor related to Computer (or Device) Access

**1. 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: (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: \_\_\_\_\_

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**2. Range of motion:** Student has specific limitations to range:  Yes  No Describe the specific range in which the student has the most motor control: \_\_\_\_\_

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**3. 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 which may interfere with the student's voluntary motor control. \_\_\_\_\_

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**4. Accuracy:** Student has difficulty with accuracy:  Yes  No Describe how accurate, reliable and consistent the student is in performing a particular fine motor task:

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**5. Fatigue:** Student fatigues easily:  Yes  No Describe how easily the student becomes fatigued: \_\_\_\_\_

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

- Keyguard
- Pointers, hand grips, splints etc.
- Other: \_\_\_\_\_
- Head pointer/stick, mouth/chin stick
- Light beam/laser

Describe which seemed to work the best and why: \_\_\_\_\_

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**7. Size of grid student is able to access:**

What is the smallest square the student can accurately access:  1"  2"  3"  4"

What is the optimal size grid? Size of square: \_\_\_\_\_

Number of squares across \_\_\_\_\_

Number of squares down \_\_\_\_\_

**8. Scanning:** If student cannot direct select, does the student use scanning?

- No
- Yes, if yes:  Step  Automatic  Inverse  Other: \_\_\_\_\_

Preferred control site (body site): \_\_\_\_\_

Other possible control sites: \_\_\_\_\_

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**9. Type of switch:** The following switches have been tried: (Check all that apply) Then **Circle the one or two** that seemed to work the best.

- Touch (jellybean)
- Joystick
- Arm slot
- Tread
- Light touch
- Lever
- Eye brow
- Other: \_\_\_\_\_
- Wobble
- Head switch
- Tongue
- Rocker
- Mercury (tilt )
- Sip/puff

**Summary of student's abilities and concerns related to computer/device access:**

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# Composing Written Material

## 1. Student's present writing is typically: (Check all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> Single words   | <input type="checkbox"/> Paragraphs of two-five sentences |
| <input type="checkbox"/> Short phrases  | <input type="checkbox"/> Longer paragraphs                |
| <input type="checkbox"/> Complex phrase | <input type="checkbox"/> Multi paragraph reports          |
| <input type="checkbox"/> Sentences      | <input type="checkbox"/> Other: _____                     |

## 2. Student currently has difficulty: (Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Answering questions                        | <input type="checkbox"/> Generating ideas                          |
| <input type="checkbox"/> Getting started on a sentence or story     | <input type="checkbox"/> Working w/peers to generate ideas & info. |
| <input type="checkbox"/> Adding information to a topic              | <input type="checkbox"/> Planning content                          |
| <input type="checkbox"/> Sequencing information                     | <input type="checkbox"/> Using a variety of vocabulary             |
| <input type="checkbox"/> Integrating info. from two or more sources | <input type="checkbox"/> Summarizing information                   |
| <input type="checkbox"/> Relating information to specific topics    | <input type="checkbox"/> Other: _____                              |
| <input type="checkbox"/> Determining when to begin a new paragraph  |  |

## 3. Student currently utilizes the following strategies for composing written materials:

(Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Story starters  | <input type="checkbox"/> Webbing/concept mapping |
| <input type="checkbox"/> Preset choices or plot twists   | <input type="checkbox"/> Outlines                |
| <input type="checkbox"/> Templates to provide the format or structure<br>(both paper and electronic) | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> Templates to provide the format or structure                                |  |

## 4. Currently utilizes the following aids/assistive technology for composing written materials: (Check all that apply.)

- Word cards
- Word book
- Word wall/word lists
- Dictionary
- Electronic dictionary/spell checker
- Speaking electronic dictionary/spell checker
- 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: \_\_\_\_\_

## 5. Summary of student's abilities and concerns related to composing written materials:

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# Communication

**1. Student's present means of communication:** (Check all that are used, then **circle** the primary method the student uses.)

- |  |   |
|--|---|
| <input type="checkbox"/> Changes in breathing patterns | <input type="checkbox"/> Body position changes  |
| <input type="checkbox"/> Eye-gaze/eye movement         | <input type="checkbox"/> Facial expressions   |
| <input type="checkbox"/> Gestures                      | <input type="checkbox"/> Pointing   |
| <input type="checkbox"/> Sign language approximations  | <input type="checkbox"/> Sign language (# signs _____,<br># combinations _____, # signs in a combination _____) |
- Vocalizations, list examples: \_\_\_\_\_
- Vowels, vowel combinations, list : \_\_\_\_\_
- Single words, list examples & approx. #: \_\_\_\_\_
- |                                      |                                       |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Reliable no | <input type="checkbox"/> 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: \_\_\_\_\_

**2. Who understands student's communication attempts:** (Check best descriptor)

	Most of the time	Part of the time	Rarely	Not Applicable
Strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers/therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Current level of receptive language:**

Age approximation: \_\_\_\_\_  
 If formal tests used, name and scores \_\_\_\_\_

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

**4. Current level of expressive language:**

Age approximation: \_\_\_\_\_  
 If formal tests used, name and scores: \_\_\_\_\_

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

**5. 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

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

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

**6. Child’s needs related to devices/systems:** (Check all that apply)

- Child walks       Child uses wheelchair       Child can carry device under 2 pounds  
 Child drops or throws things frequently       Child needs digitized (human) speech  
 Child needs device w/large number of words or phrases  
 Other: \_\_\_\_\_

**7. Pre-reading and reading skills related to communication:**

- Yes    No   Object/picture recognition
- Yes    No   Symbol recognition (tactile, Mayer-Johnson, Rebus, etc.)
- Yes    No   Auditory discrimination of sounds
- Yes    No   Auditory discrimination of words, phrases
- Yes    No   Selects initial letter of word
- Yes    No   Follows simple directions
- Yes    No   Sight word recognition
- Yes    No   Can put two symbols or words together to express an idea

**8. Visual abilities related to communication:** (Check all that apply)

- Can maintain fixation on stationary object    Can look to right & left without moving head
- Can scan line of symbols left to right    Can scan 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    Can visually shift horizontally
- Can visually shift vertically    Can recognize line drawings

Is a specific type (brand) of symbols or pictures preferred? \_\_\_\_\_

What size symbols or pictures are preferred? \_\_\_\_\_

What line thickness of symbols are preferred? \_\_\_\_\_ inches

Does student seem to do better with black on white, or 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):

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**Summary of student's abilities and concerns related to communication:** \_\_\_\_\_

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# Reading

**1. Grade level:** Student is placed in grade: \_\_\_\_\_. Student reads at \_\_\_\_\_ grade level.

If formal tests used, name and scores: \_\_\_\_\_

If formal testing not used, please give an approximate estimate of functioning and explain: \_\_\_\_\_

**Cognitive ability in general:**  Significantly below average     Below average  
 Average     Above average

**2. 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

**4. Student's performance is improved by:** (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Smaller amount of text on page | <input type="checkbox"/> Enlarged print                |
| <input type="checkbox"/> Lowered reading level          | <input type="checkbox"/> Graphics to communicate ideas |
| <input type="checkbox"/> Bold type for main ideas       | <input type="checkbox"/> Reduced length of assignment  |
| <input type="checkbox"/> Spoken text to accompany print | <input type="checkbox"/> Other: _____                  |

**5. Reading assistance used:** Please describe the non-technology based strategies and accommodations that have been used with this student: \_\_\_\_\_

**6. Assistive technology used:** The following have been tried: (Check all that apply)

- Highlighter, marker, template, or other self-help aid
- Tape recorder, taped text, or Talking Books to "read along"
- Talking dictionary (e.g. Franklin Speaking Language Master) to pronounce single words
- Computer with word processing with spell checker
- Computer with talking word processing software to:
  - pronounce words,  speak sentences,  speak paragraphs.

**7. Computer availability and use:** The student has access to the following computer:

- Windows     Apple     Macintosh. 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 reading:** \_\_\_\_\_

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# Learning and Studying

**1. What difficulties does the student have in Learning new material or studying:** (Check all that apply.)

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

**2. Strategies used. Please describe any adaptations or strategies that have been used to help this students with learning and studying:**

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**3. 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
- Single word scanners
- Software for manipulation of objects/concept development
- Software for organization of ideas and studying
- Palm computers
- Other: \_\_\_\_\_

**4. Summary of student's abilities and concerns in the area of learning and studying:**

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# Math

## 1. Student has difficulty with the following: (Please check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> Legibly writing numerals                        | <input type="checkbox"/> Understanding math related language    |
| <input type="checkbox"/> Understanding meaning of numbers                | <input type="checkbox"/> Understanding place values             |
| <input type="checkbox"/> Completing simple addition and subtraction      | <input type="checkbox"/> Completing multiplication and division |
| <input type="checkbox"/> Completing complex addition and subtraction     | <input type="checkbox"/> Understanding units of measurement     |
| <input type="checkbox"/> Understanding tables and graphs                 | <input type="checkbox"/> Creating tables and graphs             |
| <input type="checkbox"/> Understanding Fractions                         | <input type="checkbox"/> Working with Fractions                 |
| <input type="checkbox"/> Converting to mixed numbers                     | <input type="checkbox"/> Understanding decimals/percents        |
| <input type="checkbox"/> Solving story problems                          | <input type="checkbox"/> Understanding Geometry                 |
| <input type="checkbox"/> Graphing  | <input type="checkbox"/> Understanding and use of formulas      |
| <input type="checkbox"/> Understanding and use of trigonometry functions |   |
| <input type="checkbox"/> Checking work                                   |   |
| <input type="checkbox"/> Other: _____                                    |   |

## 2. Strategies Used: Please describe strategies that have been used to help:

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## 3. Assistive technology tried: (Please check all that have been tried.)

- |  |  |
|--|--|
| <input type="checkbox"/> Abacus  | <input type="checkbox"/> On screen calculator                                  |
| <input type="checkbox"/> Math line   | <input type="checkbox"/> Scanning calculator                                   |
| <input type="checkbox"/> Enlarged math worksheets  | <input type="checkbox"/> Alternative keyboards<br>(e.g., IntelliKeys)          |
| <input type="checkbox"/> Low tech alternatives for answering   | <input type="checkbox"/> Software with cueing for math computation             |
| <input type="checkbox"/> Math "Smart Chart"  | <input type="checkbox"/> Software for manipulation of objects                  |
| <input type="checkbox"/> Money calculator & Coinulator   | <input type="checkbox"/> Voice recognition software<br>(e.g. Talking Math Pad) |
| <input type="checkbox"/> Tactile/voice output measuring devices  |  |
| <input type="checkbox"/> Talking watches/clocks  |  |
| <input type="checkbox"/> Calculator/Calculator with print out  |  |
| <input type="checkbox"/> Calculator with large keys and/or large display   |  |
| <input type="checkbox"/> Talking calculator  | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Calculator with special features (e.g. easy fraction translation, temperature conversion) |  |

## 4. Summary of student's abilities and concerns related to math:

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# Recreation & Leisure

## 1. What are the difficulties which the student experiences in participating in Recreation and Leisure? (Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Understanding cause and effect | <input type="checkbox"/> Following complex directions  |
| <input type="checkbox"/> Understanding turn taking      | <input type="checkbox"/> Communicating with others     |
| <input type="checkbox"/> Handling/manipulating objects  | <input type="checkbox"/> Hearing others                |
| <input type="checkbox"/> Throwing/catching objects      | <input type="checkbox"/> Seeing equipment or materials |
| <input type="checkbox"/> Understanding rules            | <input type="checkbox"/> Operating TV, VCR, etc.       |
| <input type="checkbox"/> Waiting for his/her turn       | <input type="checkbox"/> Operating a computer          |
| <input type="checkbox"/> Following simple directions    | <input type="checkbox"/> Other _____                   |

## 2. What activities does the student especially enjoy?

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## 3. What adaptations have you tried to enhance participation in recreation and leisure?

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How did they help? \_\_\_\_\_

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## 4. What assistive technology, if any, have you 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, e.g. 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:

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## Seating and Positioning

### 1. 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
- Needs adapted chair
- Sits in wheelchair part of day
- Sits comfortably in wheelchair most of day
- Wheelchair NEEDS to be adapted to fit
- 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

### 2. Description of seating: (Check all that apply)

- Seating provides trunk stability
- Seating allows feet to be on floor or foot rest
- Seating provides 90/90/90 position
- There are questions or concerns about the student's seating
- Student dislikes most positions, often indicates discomfort
- Student has difficulty using table or desk
- Student has difficulty achieving and maintaining head control, best position for head control is:  
\_\_\_\_\_
- Can maintain head control for \_\_\_\_\_ minutes in this position.

### Summary of student's abilities and concerns related to seating and positioning:

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## Mobility

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

- |  |   |
|--|---|
| <input type="checkbox"/> Walks independently                             | <input type="checkbox"/> Has difficulty walking           |
| <input type="checkbox"/> Walks with assistance                           | <input type="checkbox"/> Walks with appliance             |
| <input type="checkbox"/> Needs extra time to reach destination           | <input type="checkbox"/> Uses elevator key independently  |
| <input type="checkbox"/> Crawls, roll, or creeps independently           | <input type="checkbox"/> Is pushed in manual wheelchair   |
| <input type="checkbox"/> Uses manual wheelchair, independently           | <input type="checkbox"/> Learning to use power wheelchair |
| <input type="checkbox"/> Uses power wheelchair independently             | <input type="checkbox"/> Transfers independently          |
| <input type="checkbox"/> Needs help to transfer in and out of wheelchair |   |
| <input type="checkbox"/> Uses wheelchair for long distances only         |   |
| <input type="checkbox"/> Has difficulty walking up stairs                |   |
| <input type="checkbox"/> Has difficulty walking down stairs              |   |

### 2. **Concerns about mobility:** (Check all that apply)

- Student seems extremely tired after ambulating, 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 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:** \_\_\_\_\_

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# Vision

*A vision specialist should be consulted to complete this section.*

**1. Date of last vision report:** \_\_\_\_\_

Report indicates (please address any field loss, vision condition, etc.): \_\_\_\_\_

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**2. Visual abilities:** (Check all that apply)

- Can read standard textbook print
- Can read text if enlarged to (indicate size in inches): \_\_\_\_\_
- Requires specialized lighting such as: \_\_\_\_\_
- Requires materials tilted at a certain angle (indicate angle): \_\_\_\_\_
- Currently uses the following screen enlargement device: \_\_\_\_\_
- Currently uses the following screen enlargement software: \_\_\_\_\_
- Can recognize letters enlarged to \_\_\_\_\_ pt. type on computer screen
- Can recognize letters enlarged to \_\_\_\_\_ pt. type for \_\_\_\_\_ minutes without eye fatigue.
- Prefers:  Black letters on white     White on black     \_\_\_\_\_ (color) on \_\_\_\_\_
- Tilts head when reading
- Uses only one eye:  Right eye     Left eye
- Cannot read text, requires taped material, talking word processing or Braille materials.

**3. Alternative output--Voice:**

- Uses \_\_\_\_\_ screen access software
- Uses \_\_\_\_\_ sound card/speech synthesizer

**Level of proficiency** (Check the one that most closely describes student):

- Requires frequent verbal cues
- Needs only intermittent cues
- Uses device/software independently
- Trouble shoots problems related to device

**4. Alternative output--Braille:** Currently uses (Check all that apply):

- Braille
- Braille 'N Print
- Braille 'N Speak
- Mountbatten
- Computer generated: platform: \_\_\_\_\_ 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
- Trouble shoots problems related to device

**5. Writing/handwritten materials related to vision:** (Check all that apply)

- Can write using space correctly
- Can write on line
- Can write appropriate size
- Handwriting speed is slower than peers
- Requires more time to copy from board than peers
- Skips letters when copying
- Cannot copy from board, needs alternate way to get information
- Can read own handwriting
- Can read someone else's writing
- Can read hand printing
- Can read cursive
- Requires bold or raised line paper
- Requires softer lead pencils
- Requires colored pencils, pens, or paper
- Requires felt tip pen:  thin point  thick point
- Is unable to use regular answer sheets
- Needs to dictate assignments rather than write
- Self-produced notes need to be transcribed into a different format

**Summary of student's abilities and concerns related to vision:** \_\_\_\_\_

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**5. Student communicates with others using:** (Check all that apply)

- Speech
- Signs and speech together
- Signed English
- Pidgen Sign Language
- American Sign Language
- Gestures
- Picture cues
- Cued speech
- Body language
- Written messages
- Lip reading
- Other: \_\_\_\_\_

Level of expressive proficiency:  Single words  Combinations of two or more words

**6. Equipment currently used:** (Check all that apply)

- Hearing aids
- Vibrotactile Devices
- Cochlear Implant
- Classroom Amplification System
- Other: \_\_\_\_\_
- Telecaption Decoder
- TTY/TDD

**7. Service currently used:** (Check all that apply)

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

**8. Present unmet needs for communication, writing, and/or educational materials:**

- Cannot hear teacher/other students
- Cannot participate in class discussions
- Displays rec./exp. language delays
- Cannot respond to fire alarm
- Cannot benefit from educational films/programs
- Cannot use telephone to communicate

**9. Current communication functioning:** (Check all that apply)

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

**10. Current reading level:** \_\_\_\_\_

**11. Is there a discrepancy between receptive and expressive abilities:**  Yes

No If yes, describe further: \_\_\_\_\_

**Summary of hearing abilities and concerns:** \_\_\_\_\_

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## General

- 1. Are there any behaviors (both positive and negative) that significantly impact the student's performance?**

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- 2. Are there significant factors about the student's strengths, learning style, coping strategies, or interests that the team should consider?**

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- 3. Are there any other significant factors about the student that the team should consider?**

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