

## Assistive Technology Questionnaire

Name of Student using Assistive Technology: \_\_\_\_\_ Date \_\_\_\_\_

Equipment or device being considered: \_\_\_\_\_

Person completing this form \_\_\_\_\_ Position \_\_\_\_\_

Please circle the number that represents your feelings as to how effective the equipment item above would be for this individual.

<b><u>Technology Characteristics</u></b>	Not Effective					Very Effective				
1. Reliability/dependability	1	2	3	4	5	1	2	3	4	5
2. Accomplishes its purpose	1	2	3	4	5	1	2	3	4	5
3. Can be used independently by the student	1	2	3	4	5	1	2	3	4	5
4. Is compatible with existing technology	1	2	3	4	5	1	2	3	4	5
5. Appropriate to user's visual abilities	1	2	3	4	5	1	2	3	4	5
6. Appropriate to user's physical abilities	1	2	3	4	5	1	2	3	4	5
7. Ease of use	1	2	3	4	5	1	2	3	4	5
8. Adequate staff support	1	2	3	4	5	1	2	3	4	5
<b><u>Contextual Match</u></b>										
1. Socially appropriate/acceptable	1	2	3	4	5	1	2	3	4	5
2. Can be used well in this classroom/location	1	2	3	4	5	1	2	3	4	5
3. Avoids conflicts with noise, lighting, time, etc.	1	2	3	4	5	1	2	3	4	5
4. Space is available	1	2	3	4	5	1	2	3	4	5
5. Ease of portability across settings	1	2	3	4	5	1	2	3	4	5
6. Will be appropriate over time, (1-3 years)	1	2	3	4	5	1	2	3	4	5

**Technology Benefits the Student**

Not Beneficial

Very Beneficial

Student makes frequency use of the device	1	2	3	4	5
Device produced improved academic performance	1	2	3	4	5
Device produced higher percentage of completed assignments	1	2	3	4	5
User enjoys working with the device in class	1	2	3	4	5
User benefits from using the device in class	1	2	3	4	5
User needs the device to benefit from current educational program	1	2	3	4	5
Likelihood user will continue to use the device	1	2	3	4	5
Current technology is an improvement over previous technology employed	1	2	3	4	5

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# AT ACTIVITY USE NOTATION

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Activity: \_\_\_\_\_  
Goal: \_\_\_\_\_  
Access: \_\_\_\_\_  
    <sup>3</sup> independent  
    <sup>3</sup> dictation  
    <sup>3</sup> via AAC device  
    <sup>3</sup> partner assisted access \_\_\_\_\_  
    <sup>3</sup> enlarged keyboard  
    <sup>3</sup> laptop keyboard  
    <sup>3</sup> alternative mouse  
    <sup>3</sup> scanning  
    <sup>3</sup> \_\_\_\_\_  
Software: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Developed by Kristen N. Gray, AT for ALL

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Activity: \_\_\_\_\_  
Goal: \_\_\_\_\_  
Access: \_\_\_\_\_  
    <sup>3</sup> independent  
    <sup>3</sup> dictation  
    <sup>3</sup> via AAC device  
    <sup>3</sup> partner assisted access \_\_\_\_\_  
    <sup>3</sup> enlarged keyboard  
    <sup>3</sup> laptop keyboard  
    <sup>3</sup> alternative mouse  
    <sup>3</sup> scanning  
    <sup>3</sup> \_\_\_\_\_  
Software: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Developed by Kristen N. Gray, AT for ALL

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Activity: \_\_\_\_\_  
Goal: \_\_\_\_\_  
Access: \_\_\_\_\_  
    <sup>3</sup> independent  
    <sup>3</sup> dictation  
    <sup>3</sup> via AAC device  
    <sup>3</sup> partner assisted access \_\_\_\_\_  
    <sup>3</sup> enlarged keyboard  
    <sup>3</sup> laptop keyboard  
    <sup>3</sup> alternative mouse  
    <sup>3</sup> scanning  
    <sup>3</sup> \_\_\_\_\_  
Software: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Developed by Kristen N. Gray, AT for ALL

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Activity: \_\_\_\_\_  
Goal: \_\_\_\_\_  
Access: \_\_\_\_\_  
    <sup>3</sup> independent  
    <sup>3</sup> dictation  
    <sup>3</sup> via AAC device  
    <sup>3</sup> partner assisted access \_\_\_\_\_  
    <sup>3</sup> enlarged keyboard  
    <sup>3</sup> laptop keyboard  
    <sup>3</sup> alternative mouse  
    <sup>3</sup> scanning  
    <sup>3</sup> \_\_\_\_\_  
Software: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Developed by Kristen N. Gray, AT for ALL

## Computer/Device Use Log Instructions

An assistive technology device has been loaned to one of your students to aid in the child's academics/communication in your classroom. Please keep the enclosed log to help us assess the effectiveness and any possible patterns of use that may provide the team useful information. Since we cannot routinely come into your classroom to continue assessing the student with their technology, the information provided from the log will aid us in making future recommendations, adaptations or modifications for the student.

1. Please make several copies of the log for your classroom.
2. Identify the individual who will be responsible for filling it out daily, i.e. teacher, paraprofessional, when appropriate- a fellow student, etc.
3. Please include the date in the first column.
4. Make a note of the time, and when pertinent, what class period or lesson, i.e. 2 pm, language arts.
5. List amount of time spent using it or the activity it is being used for, i.e. circle time, snack time, centers, etc. (communication) or book report, research topic, etc. (written)
6. Please take a moment to provide a sample of what was communicated by the student. If written language was the purpose of the device, computer or software provided, please provide a sample, or make an extra copy to include with the log if it was printed.
6. Was prompting necessary? Please use the following codes keeping in mind that more than one may be used:  
T = tactile assist, i.e. holding, moving, supporting a body part, etc.  
VB = verbal cue, i.e. giving all or part of the stimulus, verbal encouragement, etc.  
VS= visual cue, i.e. pointing, repositioning material to see, etc.  
M= modeling use, demonstrations, etc.  
I = student independently accessed, no support, etc. necessary
8. On the back of the log, please note any comments, concerns or areas we may need to further address with you or the student. Examples may include: could the student reach the keys, use the mouse, hit the switch if required, see the screen, hear auditory prompts, if this applies, was the vocabulary useful or not, etc.



**Data Collection - Duration**

Example: Use to calculate how long it takes to compose a paragraph, how long it takes to produce a single message on a voice output AAC device, how long a student can type or use a switch before obvious fatigue sets in.

Name \_\_\_\_\_ Date \_\_\_\_\_ Behavior Observed \_\_\_\_\_

Start Time \_\_\_\_: \_\_\_\_: \_\_\_\_ Stop Time \_\_\_\_: \_\_\_\_: \_\_\_\_ Total Observation Time \_\_\_\_: \_\_\_\_: \_\_\_\_

Average time per occurrence: \_\_\_\_\_

Date \_\_\_\_\_ Behavior Observed \_\_\_\_\_  
Start Time \_\_\_\_: \_\_\_\_: \_\_\_\_ Stop Time \_\_\_\_: \_\_\_\_: \_\_\_\_ Total Observation Time \_\_\_\_: \_\_\_\_: \_\_\_\_

Average time per occurrence: \_\_\_\_\_

Date \_\_\_\_\_ Behavior Observed \_\_\_\_\_  
Start Time \_\_\_\_: \_\_\_\_: \_\_\_\_ Stop Time \_\_\_\_: \_\_\_\_: \_\_\_\_ Total Observation Time \_\_\_\_: \_\_\_\_: \_\_\_\_

Average time per occurrence: \_\_\_\_\_

Date \_\_\_\_\_ Behavior Observed \_\_\_\_\_  
Start Time \_\_\_\_: \_\_\_\_: \_\_\_\_ Stop Time \_\_\_\_: \_\_\_\_: \_\_\_\_ Total Observation Time \_\_\_\_: \_\_\_\_: \_\_\_\_

Average time per occurrence: \_\_\_\_\_

Date \_\_\_\_\_ Behavior Observed \_\_\_\_\_  
Start Time \_\_\_\_: \_\_\_\_: \_\_\_\_ Stop Time \_\_\_\_: \_\_\_\_: \_\_\_\_ Total Observation Time \_\_\_\_: \_\_\_\_: \_\_\_\_

Average time per occurrence: \_\_\_\_\_

Date \_\_\_\_\_ Behavior Observed \_\_\_\_\_  
Start Time \_\_\_\_: \_\_\_\_: \_\_\_\_ Stop Time \_\_\_\_: \_\_\_\_: \_\_\_\_ Total Observation Time \_\_\_\_: \_\_\_\_: \_\_\_\_

Average time per occurrence: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

**Data Collection - Rate**

Example: Use to determine keyboarding speed (wpm) or communication speed (number of messages selected and spoken by a voice output AAC device in 5 minutes)

Name \_\_\_\_\_ Date \_\_\_\_\_ Behavior Observed \_\_\_\_\_

Start Time \_\_\_\_: \_\_\_\_: \_\_\_\_ Stop Time \_\_\_\_: \_\_\_\_: \_\_\_\_ Total Observation Time \_\_\_\_: \_\_\_\_: \_\_\_\_

Occurrences: \_\_\_\_\_

Date \_\_\_\_\_ Behavior Observed \_\_\_\_\_

Start Time \_\_\_\_: \_\_\_\_: \_\_\_\_ Stop Time \_\_\_\_: \_\_\_\_: \_\_\_\_ Total Observation Time \_\_\_\_: \_\_\_\_: \_\_\_\_

Occurrences: \_\_\_\_\_

Date \_\_\_\_\_ Behavior Observed \_\_\_\_\_

Start Time \_\_\_\_: \_\_\_\_: \_\_\_\_ Stop Time \_\_\_\_: \_\_\_\_: \_\_\_\_ Total Observation Time \_\_\_\_: \_\_\_\_: \_\_\_\_

Occurrences: \_\_\_\_\_

Date \_\_\_\_\_ Behavior Observed \_\_\_\_\_

Start Time \_\_\_\_: \_\_\_\_: \_\_\_\_ Stop Time \_\_\_\_: \_\_\_\_: \_\_\_\_ Total Observation Time \_\_\_\_: \_\_\_\_: \_\_\_\_

Occurrences: \_\_\_\_\_

Date \_\_\_\_\_ Behavior Observed \_\_\_\_\_

Start Time \_\_\_\_: \_\_\_\_: \_\_\_\_ Stop Time \_\_\_\_: \_\_\_\_: \_\_\_\_ Total Observation Time \_\_\_\_: \_\_\_\_: \_\_\_\_

Occurrences: \_\_\_\_\_

Date \_\_\_\_\_ Behavior Observed \_\_\_\_\_

Start Time \_\_\_\_: \_\_\_\_: \_\_\_\_ Stop Time \_\_\_\_: \_\_\_\_: \_\_\_\_ Total Observation Time \_\_\_\_: \_\_\_\_: \_\_\_\_

Occurrences: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

**Data Collection - Time Sample**

Example: Is the child engaged or off-task during a written assignment? or How often does a child initiate conversation such as asking a question, volunteering an answer, or talking to a peer?

Name \_\_\_\_\_ Date \_\_\_\_\_

Behavior Observed \_\_\_\_\_

Time					
__ :00					
__ :05					
__ :10					
__ :15					
__ :20					
__ :25					
__ :30					
__ :35					
__ :40					
__ :45					
__ :50					
__ :55					
Total					

Nonoccurrence = "-"

Occurrence = "+"

Mark a "+" each time the target behavior occurs during the one minute interval. If no occurrence of the target behavior in one minute, mark "-" in the box.

Date \_\_\_\_\_ Behavior Observed \_\_\_\_\_

Time					
__ :00					
__ :05					
__ :10					
__ :15					
__ :20					
__ :25					
__ :30					
__ :35					
__ :40					
__ :45					
__ :50					
__ :55					
Total					

Data Collection For Goals

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

Goal: \_\_\_\_\_

Objective:	Date		Total	Percentage

Objective:	Date		Total	Percentage

Objective:	Date		Total	Percentage

Objective:	Date		Total	Percentage

- Key:
- + = Completed Independently
  - = Refused
  - v+ = Completed with verbal prompt
  - p+ = Completed with physical prompt
  - n/a = No opportunity

## Wisconsin Assistive Technology Initiative ENVIRONMENTAL OBSERVATION GUIDE

Student/Child: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Observer(s): \_\_\_\_\_

Activity: \_\_\_\_\_

Activity/task(s) being observed	Ways that typical Students participate	Ways the target student participates	Barriers to target student's participation	Potential accommodation(s) and/or AT