

Assistive Technology Checklist

Assistive Technology Planning Process

Please use this list for planning and ideas only. **This list is not prescriptive** nor is it inclusive of the full spectrum of AT devices.

Student Name Grade Date

Writing

Mechanics of Writing

- Pencil /pen with adapted grip
- Adapted paper (e.g. raised lines, highlighted lines)
- Slantboard
- Typewriter
- Portable word processor
- Computer
- Other:

Alternate Computer Access

- Keyboard with easy access or accessibility options
- Word prediction, word completion, macros, abbreviation expansion to reduce keystrokes
- Keyguard
- Alternate mouse (e.g. TouchWindow, trackball, trackpad, mouse pen)
- Mouse alternative with on screen keyboard
- Alternate keyboard (e.g. Intellikeys, Discover Board, Tash)
- Mouth stick, head pointer with keyboard
- Switch with Morse code
- Switch with scanning
- Voice recognition
- Other:

Composing Written Material

- Word cards, word book, word wall
- Pocket dictionary, thesaurus
- Electronic dictionary/ spell check (e.g. Franklin Bookman)
- Word processor with word prediction (e.g.Co:Writer or TextHelp) to facilitate spelling and sentence construction
- Multimedia software for production of ideas (e.g. PowerPoint, Overlay Maker with talking word processor)
- Voice recognition software
- Other:

Communication

- Communication book / board

- Eye gaze board
- Simple voice output product (e.g. Big Mack, CheapTalk, talking picture frame, etc.)
- Voice output device with levels (e.g.Macaw, CheapTalk with Levels, Digivox)
- Voice output with icon sequencing (e.g. AlphaTalker, Vanguard, Liberator)
- Voice output with dynamic display (e.g. Dynavox, laptop with Speaking Dynamically)
- Device with speech output for typing (e.g. Link, Write:Out Loud with laptop)
- Other:

Reading/Studying/Math

Reading

- Changes in text size/space/color/background color
- Book adapted for page turning (e.g. with page fluffers, 3 ring binder and folders)
- Use of pictures with text (e.g. Picture It, PixWriter)
- Talking electronic devices for single words (e.g. Reading pen, Franklin Bookman)
- Scanner with OCR and talking word processor
- Electronic Books (e.g. Start to Finish)
- Other:

Learning /Studying

- Print or picture schedule
- Low tech aids to find materials (e.g. color tabs, colored paper or folders)
- Highlight text (e.g. markers, highlight tape, ruler)
- Voice output reminders for tasks, assignments, steps to tasks
- Software for manipulation of objects/concept development (e.g. Blocks in Motion, Thinking Things)- may use alternate input device such as Touch Window
- Software for organization of ideas and studying (e.g. PowerPoint, Inspiration, ClarisWorks Outline)
- Other:

- Math**
- Abacus, Math Line
 - Calculator/calculator with print out
 - Talking calculator
 - Calculator with large keys, large display
 - On screen calculator
 - Software with cueing for math computations
 - Tactile/voice output measuring devices (e.g. clock, ruler)
 - Other:

Aids for Daily Living

- Eating**
- Adapted utensil/ plates
 - Arm support
 - Automated feeding
 - Other:

- Dressing**
- Velcro fasteners
 - Button hook
 - Dressing aids
 - Other:

Aids for Daily Living (Continued)

- Recreation & Leisure**
- Adapted toys and games (e.g. puzzles with handles)
 - Battery interrupters and switches
 - Adapted sporting equipment (e.g. Velcro mitt, lighted or beeper ball)
 - Universal cuff to hold crayons, markers, paint brush
 - Modified utensils (e.g. rollers, stampers, scissors)
 - Articulated forearm support (e.g. ErgoRest)
 - Drawing/graphics computer programs
 - Music or games on the computer
 - Other:

- Home Living**
- Switch
 - Battery interrupter
 - Control unit
 - infrared sender / receiver

- X-10 unit and peripherals

Transition

- Work / School to Work**
- Adaptations as identified to meet individual needs e.g.
 - Scheduling aids (calendars, reminders, task analysis)
 - Switch / device
 - Adapted keyboard
 - Communication aid
 - Keyboard emulator
 - Other:

- Transportation**
- Get in and out of car as a passenger
 - Transfer into vehicle and load mobility device
 - Get into vehicle with ramp or lift
 - Independently arrange transportation
 - Independently utilize public transportation
 - Independently drive self with adaptations
 - Independently drive self

- Tolerance**
- Physically tolerate school/work day
 - Emotionally tolerate full school/work day
 - Medically tolerate full work / school day
 - Environmentally tolerate full work/school day
 - Tolerate with distance adaptations (internet, ITV)

- Adaptations**
- Adaptive seating/ positioning
 - Electronic communication
 - Electronic organizers
 - Adapted computer input
 - Environmental control

Wisconsin Assistive Technology Initiative

Assistive Technology Planning Guide

PROBLEM IDENTIFICATION

Student's Abilities/Difficulties related to Tasks	Environmental Considerations	Tasks: What does the student need to be able to do?
Writing/Use of Hands: Communication: Reading Cognition: Mobility: Vision: Hearing: Behavior: Other:	e.g. classroom, playground, lunchroom, home; IBM compatible computer in room available for all children, voice output device available in classroom, etc.; students sit on floor for calendar, desks arranged in groups of four; chalkboard at end of long room	e.g. produce legible written material, produce audible speech, read text, complete math problems, participate in rec/leisure, move independently in the school environment. <div style="border: 1px solid black; padding: 5px; margin-top: 20px; width: fit-content;"> Task(s) identified for Solution Generation </div>

Solution - Generation	Solution - Selection	Implementation Plan
Brainstorming Only - no decision Resources: AT Checklist Technology Toolbox CTG Resource Directory Co-Net CD AAC Feature Match/Needs First your AT Consultant	Discuss & Select best ideas from brainstorming	AT services needed. AT trial: how long, when, person (s) responsible <div style="border: 1px solid black; padding: 5px; margin-top: 20px; width: fit-content;"> Follow-up Plan </div> Who & When - Set specific date now

Lynch & Reed (1997), Incorporation from SETT framework (Zabala, 1994)

Note: It is not intended that you write on this page. Each topic should be written where everyone can see them, i.e. on a flip chart, board or overhead projector - information should then be copied on paper for file or future reference.

**School District's Name
Special Education Services
Assistive Technology Team
UATT
Communication Pre-Assessment Packet**

Date: _____

Student: _____

Completed By: _____

Concerns regarding student's communication skills:

Student's present means of communication

(Check all that are used, then **circle** the primary method the student uses.)

- | | |
|---|---|
| <input type="checkbox"/> Gestures | <input type="checkbox"/> Changes in body position |
| <input type="checkbox"/> Visually Tracks | <input type="checkbox"/> Facial expressions |
| <input type="checkbox"/> Inappropriate behavior (tantrums, hitting, etc.) | <input type="checkbox"/> Pointing |
| <input type="checkbox"/> Sign language approximations | <input type="checkbox"/> Sign language (# signs _____,) |
| <input type="checkbox"/> Vocalizations, list examples _____ | |

Vowels, vowel combinations, list: _____

Single word, list examples: _____

2-word utterances 3-word utterances Semi intelligible speech, estimate % intelligible: _____

Equipment/communication systems in use

- Switches _____
- Communication board/s # of symbols per board _____ # of boards used _____
- Picture Exchange Program (PECS) using _____ # of pictures
- Eye-gaze board
- Communication Device (list): _____
- Computer system (list) _____
- Other _____

Who understands student's communication attempts

(Check best descriptor)

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

Communication interaction skills

Exhibits desire to communicate: Yes No

To indicate "yes" and "no", the student: (Check all that apply)

- 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"/>				
Non verbally/verbally 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"/>				

Pre-reading and reading skills related to communication

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Object/picture recognition |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Symbol recognition (tactile, Mayer-Johnson, etc.) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Auditory discrimination of sounds |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Auditory discrimination of words |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Selects initial letter of word |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Follows simple directions |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sight word recognition |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Can put two symbols or words together to express an idea |

Visual abilities related to communication

(Check all that apply)

- Can maintain fixation on stationary object Looks left and right without moving head
 Can scan line of symbols left to right Can scan matrix of symbols in a grid

- Visually recognizes people
- Visually recognizes photographs
- Can visually shift vertically

- Visually recognizes common objects
- Can visually shift horizontally
- Can recognize line drawings

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: _____

Beginning communication skills

(Check all that apply)

- Little or no interest in making choices
- Makes random choices with no preferences
- Indicates preference when given:
- two choice
- more than two choices

Behavior/emotional problems that affect communication

Described:

- Impulsive
- Difficulty with transitions
- Inappropriate vocalizations
- Echolalia
- Unresponsive, unwilling to communicate.
- Tantrums/Aggressive Behavior
- Describe: _____

- Resorts to inappropriate and/or aggressive behavior when communication attempts fail. Describe:

- Other problems which affect this student's ability to communicate effectively:

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

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:

Location	Mac (list model)	PC(list model)	AlphaSmart	Other
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)

Documentation of UATT Competencies

Name _____

Team _____

It is the responsibility of the UATT member to safeguard this document. You may occasionally be asked to submit copies of this form to the UATT office in order to calculate your team training budget.

Level 1

Level I competencies may be passed off by UATT staff, UATT team leaders who are Level II certified, or UATT Leadership Council Members who are Level II certified.

- _____ Become an appointed UATT member in training with a letter of support signed by the Special Education Director/Coordinator and principal or other appropriate administrator
- _____ Receive, sign for, and read the UATT Policy and Procedure manual
- _____ Write a brief letter accepting the responsibilities outlined in the UATT Policy and Procedure Manual associated with being a UATT member, and provide your demographic information at home and work, including social security number.
- _____ Demonstrate an understanding of the assistive technology assessment process.
- _____ Demonstrate an understanding of the use of the forms in the UATT Policy and Procedures Manual (or appropriate alternatives such as the WATI forms) by describing the function of each form.
- _____ Take an active part in a UATT assessment and prepare one acceptable report of a UATT evaluation or follow-up.

Level II

Level II competencies may be passed off by UATT staff, UATT team leaders who are Level III certified or UATT Leadership Council Members who are Level III certified.

Demonstrate competencies in two or more of the following areas:

- _____ Three sophisticated AAC devices or six low tech to mid-range AAC Devices or an equivalent mix of low-tech to high tech products. (list the devices below)

1 _____ 2 _____ 3 _____
4 _____ 5 _____ 6 _____

- _____ Two computer operating systems, such as Macintosh OSX or Windows 7, with associated access features for individual with disabilities (list the operating systems below)

1 _____ 2 _____

- _____ Three computer access devices such as Headmouse Extreme, IntelliKeys, TouchWindow, Or switch accessible trackball (list the devices below)

1 _____ 2 _____ 3 _____

- _____ Four special software programs such as Speaking DynamicallyPro, Boardmaker,

Co:Writer, Writing With Symbols, etc. (list the devices below)

1 _____ 2 _____ 3 _____
4 _____

- _____ Demonstrate an understanding of funding procedures for an AAC devices or other assistive technology system by preparing a funding plan for a student and working with parents and other service providers to acquire the needed technology.
- _____ Demonstrate an understanding of methods to make curriculum accessible through applying appropriate assistive technology by creating an accessible curriculum unit.

Level III

Level III competencies may be passed off by UATT staff or UATT Leadership Council Members who are Level III certified.

Demonstrate competencies in four or more of the following areas:

- _____ Demonstrate skills in providing leadership to a UATT Team that conducts five or more team evaluations or follow-up visits during the year, submitting team reports to the UATT Leadership Council on time for one year, and assisting other team members in their progress in the UATT Competency program.
- _____ Demonstrate an understanding of legal issues related to assistive technology and the IEP process by describing how AT fits into IDEA and how the UATT team works with the IEP team to provide FAPE through AT evaluations.
- _____ Effectively manage team equipment for one year with the use of FileMaker Pro software. Provide copies of equipment check-out forms and account for UATT team equipment.
- _____ Demonstrate the ability to provide timely and accurate reporting of student assessments and follow-up sessions by keeping a file of student reports which include team member signatures and dates of signatures
- _____ In consultation with team members, prepare a plan to fairly allocate UATT team training funds to improve team members' skills.
- _____ Conduct positive public relations with district administrators regarding the UATT team activities (assessments, follow-up visits, training provided, etc.) and document your efforts.

**School District's Name
Special Education Services
Assistive Technology Team
UATT
Education Pre-Assessment Packet**

Date: _____

Student: _____

Completed By: _____

The following information will help the Assistive Technology Team to assist the school team in determining appropriate adaptations that will allow the student better access to his/her educational program.

What IEP goals/objectives is the student unable to meet that might be accomplished with additional assistive technology equipment or services?

Primary barriers to more successful participation in educational program:

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Motor/Physical Impairment | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Cognitive Impairments | <input type="checkbox"/> Attention |
| <input type="checkbox"/> Communication | |
| <input type="checkbox"/> Examples _____ | |

Student has the following equipment/adaptations

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Wheelchair (electric/manual) | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Special Seating | <input type="checkbox"/> Lap Tray |
| <input type="checkbox"/> Communication Device | <input type="checkbox"/> Aide |
| <input type="checkbox"/> Other _____ | |

What additional assistive technology is already available to the student?

Student has difficulty participating in the following

- | | |
|---|--|
| <input type="checkbox"/> Access to books and printed material | <input type="checkbox"/> Play with toys |
| <input type="checkbox"/> Use of manipulatives and other educational materials | <input type="checkbox"/> Games and social activities |
| <input type="checkbox"/> Computer access | <input type="checkbox"/> Written expression/writing |
| <input type="checkbox"/> Vocational tasks | <input type="checkbox"/> Following daily routines |
| <input type="checkbox"/> Inclusion in general education subject areas | <input type="checkbox"/> Daily Living Skills |

Check the following strategies or resources you are using

- | | |
|---|--|
| <input type="checkbox"/> TEACCH | <input type="checkbox"/> PECS |
| <input type="checkbox"/> Adapted books | <input type="checkbox"/> Picture-supported text |
| <input type="checkbox"/> Activity-specific communication displays | <input type="checkbox"/> Visual Strategies |
| <input type="checkbox"/> Visual schedules | <input type="checkbox"/> Switch-adapted toys/devices |
| <input type="checkbox"/> Writing with pictures | <input type="checkbox"/> Special software for writing: |
| | _____ |
| <input type="checkbox"/> Boardmaker | <input type="checkbox"/> Writing with symbols |
| <input type="checkbox"/> Switch access for the computer | <input type="checkbox"/> Cause and effect software |
| <input type="checkbox"/> Scanning software: _____ | <input type="checkbox"/> Environmental controls |

Reading Skills

Grade Level:

Student is placed in grade: _____ Student reads at _____ grade level.

If formal test used, name and scores:

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

Assistive technology used:

Check all that apply

- Highlighter, marker, template, or other self-help aide
- 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:
 - speak words, speak sentences, speak paragraphs
- Communication Device _____

Learning and Studying

What difficulties does the student have in learning new material or studying:

(Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Remembering assignments | <input type="checkbox"/> Reviewing notes from lectures |
| <input type="checkbox"/> Remembering steps of tasks or assignments | <input type="checkbox"/> Organizing information/notes |
| <input type="checkbox"/> Finding place in textbooks | <input type="checkbox"/> Organizing materials for a report or paper |
| <input type="checkbox"/> Taking notes during lectures | <input type="checkbox"/> Turning in assignments |
| <input type="checkbox"/> Other | |

Strategies used

Describe any adaptations or strategies that have been used to help this student with learning and studying:

Assistive Technology tried:

(Check all that apply)

- Print or picture schedule (color coded folders)
- Highlighting text (e.g. markers, highlight tape, ruler)
- Other: -----
- Low tech aids to find materials (e.g. index tabs,
- Recorded material

Math Skills

Student has difficulty with the following:

(Check all that apply:)

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

Strategies Used: Describe strategies that have been used to help:

Assistive technology tried:

(Check all that apply:)

- Abacus
- On screen calculator
- Low tech alternatives for answering e.g., Intellikeys
- Software with cueing for math computation objects
- Talking calculator large display
- Other:
- Math line
- Enlarged math worksheets
- Alternative keyboards
- Software for math manipulation of
- Calculator with large keys and/or

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

Utah Assistive Technology Teams

Evaluation Report

NAME: PARENTS/GUARDIAN:
ADDRESS: PHONE:
SCHOOL/DIST: REFERRAL SOURCE:
SCHOOL ADDRESS: CONTACT PERSON:
SCHOOL PHONE: PROGRAM PLACEMENT:
DATE: AGE/DOB:
DIAGNOSIS:
COGNITIVE FUNCTIONING LEVEL:
A/AC CASE MANAGER:
PHONE:
TEAM MEMBERS:

I. BACKGROUND INFORMATION

- A. Medical:
- B. Family:
- C. School:
- D. Previous A/AC systems:

II. REFERRAL CONCERNS

III. ASSESSMENT PROCEDURES

IV. DISCUSSION

Points to consider:

V. SUMMARY OF EVALUATION/RECOMMENDATIONS

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

Handwriting/Written Expression Pre-Assessment Packet

Date: _____

Student: _____

Completed By: _____

Please attach: Writing samples including dictation (e.g. spelling test), visual copying (e.g. from the board) and creative writing.

Please check any of the following that impact the student's ability to meet (curriculum and/or IEP) writing requirements.

- Illegible writing _ Sentence Structure
- Grammar _ Vocabulary
- Spelling _ Visual Problems
- Organization _ Motor Problems

Please explain:

Current Writing Ability (check all that apply)

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

Assistive Technology Used: (check all that apply)

- Pencil grip Special pencil or marker
- Splint or pencil holder Typewriter/AlphaSmart
- Computer Other: _____

Current Keyboarding Ability: (check all that apply)

- Does not currently type command Can activate desired key on
- Can type slowly, one finger Can type slowly, with more
- Accidentally hits unwanted keys typing Can perform 10 finger

- Requires arm or wrist support to type head or mouthstick
- Uses mini keyboard to reduce fatigue computer
- Uses Touch Window
- Can access keyboard with
- Uses switch to access
- Uses access software

- Uses adapted or alternative keyboard, such as:

Functional Computer Use: (check all that apply)

- Has never used a computer
- Uses computer at home
- Uses computer for word processing
- Uses computer for a variety of purposes, such as:
- Uses computer at school
- Uses computer for games
- Uses computer spell checker

- Has potential to use computer but has not used a computer because:

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

- Windows
- Macintosh
- iMac

The student uses a computer:

- Rarely
- Daily for one or more subjects or periods
- Every day, all day

Student's present writing is typically: (check all that apply)

- Single words
- Sentences
- Multi paragraph reports
- Short phrases
- Paragraphs of two-five sentences
- Complex phrases

Student currently has difficulty: (check all that apply)

- Answering questions
- Getting started on sentence or story
- Adding information to a topic
- Sequencing information
- Integrating information from 2 or more sources
- Relating information to specific topics
- Determine when to begin new paragraphs
- Generating ideas
- Working with peers to generate ideas
- Planning content
- Using a variety of vocabulary
- Summarizing information
- Other

Student 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. Pix Writer, Writing with Symbols 2000)

- _ Word processing with spell checker/grammar checker
- _ Talking word processing (e.g. Write Out:Loud, Intellitalk II)
- _ Abbreviation expansion
- _ Word processing with writing support (e.g. Co:Writer)
- _ Multimedia software
- _ Voice recognition software
- _ Other:

Summary of student's ability and concerns relating to writing/composing written material:

Date Rec'd: _____

**School District's Name
Special Education Services
Assistive Technology Team
UATT**

Initial Referral Form

Student: _____ DOB: ___/___/___ Date: _____
Referral Person: _____ Phone: _____
School: _____ Grade: _____ Track: _____
Parent/Guardian: _____ Phones: _____
Address: _____ City: _____ Zip: _____
Special Education Teacher: _____ Phone: _____
OT: _____ SLP: _____
PT: _____ Vision Specialist: _____
Regular Education Teacher: _____

Reason for Referral: Please describe the problems your student is having participating in his educational program. _____

Special Education Eligibility

- | | |
|---|--|
| <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Deaf/Blindness |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Other Health Impairment |
| <input type="checkbox"/> Communication Disorder | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Specific Learning Disabilities | <input type="checkbox"/> Emotional Disturbance |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Behavior Disordered |
| <input type="checkbox"/> Developmental Delay (ages 3 through 7) | <input type="checkbox"/> 504 Accommodation |

Related Services

Type of Service	Hours Per Week	Name of Provider
_____	_____	_____
_____	_____	_____

Time in Regular Education Class (Hours per week)

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

Medical Diagnosis

- Down Syndrome
- Unknown

Neurological Disease (specify): _____
Other Syndrome: _____

Vision

Date of most recent formal test/screening: _____

Results: _____

Based on formal and informal measures, student exhibits:

- no visual impairment
- suspected visual impairment
- documented visual impairment

Hearings

Date of most recent formal testing/screening: _____

Results: _____

Based on formal and informal measures, student exhibits:

- no hearing loss
- suspected 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

Specific Information about your student will help us provide better assistive technology services. Please use this checklist to indicate area of concerns.

Student is experiencing difficulty accessing education in the following areas :

- Communication
- Handwriting (legibility)
- Written Expression
- Spelling
- Reading
- Math
- Other academic subjects. Describe: _____

Organization (describe): _____

Participating in inclusive setting (describe) : _____

Accessing Print Materials: _____

Access to Educational Materials due to physical handicap.
 Toys Computer Books Other (describe): _____

Principal's Signature: _____ **Date:** _____

Utah Assistive Technology Team

Parent Questionnaire

Date:

Dear Parent:

RE:

Would you please take a minute and fill out the following questionnaire in regards to your child. Your input will be greatly appreciated and valued as we conduct our evaluation.

1. List your child's current means of communication and/or attempts to communicate or make needs known, i.e., signs (type and number), gestures, communication aide, symbol systems (type and number) or speech/vocalizations.
2. How successful are communicative attempts? Do you think he/she gets frustrated? Are there persons within the environment with whom he/she may communicate effectively? Please describe.
3. Does your child have a way of indicating “yes” and “no”? If so, please describe.
4. Do you think your child understands more than he/she is able to express? Why?
5. Are there activities in your family life which you feel he/she cannot participate in or participate equally in due to speech involvement? Please describe.

6. How comfortable would you and your family be with your child using a communication device?

7. How is your child positioned during home and community time?

8. What would you consider the greatest obstacle for your child in terms of communication? Please describe.

Thank you for your time. Your input is very valuable to us. Please return this form to:

by

Sincerely,

Case Manager

Utah Assistive Technology Teams

Permission to Evaluate

Date

Student

Address

Dear Parent,

On _____, a special Augmentative Communication Team will be available to evaluate your child. This team consists of professionals with various backgrounds from local school districts who specialize in assistive technology and augmentative communication. They will spend several hours with his/her teachers, speech therapists and related professionals discussing his/her needs. At the end of this time, they will offer suggestions to help with the education and communication skills of your child. We would like your permission to have this team evaluate him/her. Please return this form with your signature to the address listed below at the earliest possible date. Thank you.

I hereby authorize the evaluation requested:

Date

I do not authorize the evaluation requested:

Date

Please return to:

Utah Assistive Technology Teams

REFERRAL FORM

STUDENT:
AGE/DOB:
ADDRESS:
PHONE:

PARENT/GUARDIAN:
DATE:
SCHOOL:
TEAM/DISTRICT:

Referral Source/Contact Person:
School Address:
School Phone:
Diagnosis:
Approximate Cognitive Functioning Level:
Program Placement:
Reason for Referral:

What do you hope to gain from this referral/assessment?

HEALTH CONCERNS

Hearing status:
Visual functioning:
Seizures (frequency, duration, etc.):
Medications:
Overall health status:

COMMUNICATION CONCERNS

1. List student's current means of communication and/or attempts to communicate and/or make needs known (i.e. signs, gestures, communication aide, symbol systems, vocalizations).
2. How successful are communicative attempts? Do you believe the student gets frustrated? Are there persons within this environment with whom the child may communicate effectively? Please describe.
3. Does the student indicate "yes" and "no"? If so, please describe.

4. Do you believe the student understands more than he/she is able to express? Why?
5. Are there activities in your class which you feel the student cannot participate in or participate equally in due to speech involvement? Please describe.
6. What would you consider the greatest obstacle for the student in terms of academic achievement? Please describe.
7. Can the student match: (circle those that apply)
 - A. Object to object?
 - B. Object to: Photo? Picture? Drawing?
 - C. Picture Photo Drawing: to object?
8. Circle items below which student can identify (by pointing or looking) when named:
Object Photos Pictures Written Words Other (specify)

Written Communications

1. List the student's current means of written communication.
2. How successful are written communicative attempts? Do you believe the student gets frustrated? Are some methods of writing more effective than others? Please describe.
3. Does the student have a way of completing assignments with little or no writing required? Please describe.
4. Are there activities in your class which you feel the student cannot participate in or participate equally in due to writing difficulties? Please describe.

MOTOR CONCERNS

1. How is the student positioned throughout the day?
2. If the student is in a wheelchair, what type and with what adaptations?
3. Briefly describe gross motor functioning abilities (i.e. head and trunk control, mobility skills [independent, some support, total support]).
4. Circle items below that student can perform from his/her most optimal

position:

Accurate reach Accurate point Isolated finger movements
Cross midline with gaze Cross midline with hand

5. Which is the student's preferred hand: R L
6. Does the student maintain a steady gaze for 7 seconds?

OTHER IMPORTANT INFORMATION

1. What are the interests of the student?
2. What types of toys/hobbies does this student enjoy?
3. What motivates this student?
4. Other concerns and information can you share?

Sample Letter for New UATT Members

Dear UATT Leadership Council,

I would like to have _____ serve as a member of the UATT team in this area. _____ will replace _____ on the team. In support of _____'s assignment on the UATT team, I will provide him/her with at least one day each month where he/she will be excused from his/her regular district assignment to participate in UATT service including:

- attending training to become an assistive technology (AT) expert and a resource on AT issues for our district
- conducting AT evaluations for students who have been referred to the UATT team
- conducting follow-up service for students who have previously been evaluation for AT devices and services
- consulting with teachers and parents of students who need AT services

It is understood that _____ will continue to serve on the UATT team until he/she is replaced.

School Principal or Local Administrator

Special Education Director or Coordinator

New UATT Members contact information:

We need the EXACT name, date of birth and gender as it appears on your driver's license or you cannot travel for UATT training. Each information item below is required for UATT travel.

Name _____
Date of Birth _____ Gender _____
Home Address _____ Work Address _____
City _____ Zip _____ City _____ Zip _____
Home Phone: _____ Work Phone: _____
Home Email _____ Work Email _____
Team Letter _____ Work Fax _____
Please check one - UATT Competency Level 1 _____ Level 2 _____ Level 3 _____
EMERGENCY CONTACT : Name _____ Phone _____

Mail or email to: UATT Leadership Council Chair
C/O Starla Blackburn
Computer Center for Citizens With Disabilities
1595 West 500 South
Salt Lake City, UT 84104
Email: starlablackburn@utah.gov

Utah Assistive Technology Team

Teacher Questionnaire

Date: _____

Dear Teacher: _____

RE: _____

Would you please take a minute and fill out the following questionnaire in regards to your student. Your input will be greatly appreciated and valued as we conduct our evaluation.

1. List your student's current means of communication and/or attempts to communicate or make needs known, i.e., signs (type and number), gestures, communication aide, symbol systems (type and number) or speech/vocalizations.

2. How successful are communicative attempts? Do you think he/she gets frustrated? Are there persons within the environment with whom he/she may communicate effectively? Please describe.

3. Does your student have a way of indicating "yes" and "no"? If so, please describe.

4. Do you think your student understands more than he/she is able to express? Why?

5. Are there activities in your classroom you feel he/she cannot participate in or participate equally in due to speech involvement? Please describe.

6. How comfortable would you be with your student using a communication device or some other form of assistive technology?

7. How is this student positioned during the time they are in your classroom?

8. What would you consider the greatest obstacle for this student in terms of communication?
Please describe.

9. What IEP goals do you feel the student might be more successful in reaching with the use of a communication device or assistive technology product?

Thank you for your time. Your input is very valuable to us. Please return this form to: _____

by: _____

Sincerely,

Case Manager

UATT Evaluation Check List

Student _____ School _____
 District _____

<u>Date Completed</u>	<u>Duties</u>
_____	1. Case manager is assigned (usually a UATT member who works in the school district where of the referred student)
_____	2. Case manager contacts by phone call or with a letter the following individuals to schedule initial appointment:
_____	a. Principal of referred student's school
_____	b. Teacher of referred student.
_____	c. Individual who initiated the referral
_____	d. Parent of referred student
_____	2. Determine which UATT team members will participate in the assessment and inform each team member of his or her role in the assessment
_____	3. Send a copy of the referral form and other pertinent information to each UATT team member who will participate in the assessment.
_____	4. Conduct a team planning meeting or conference call to:
_____	a. Determine needs and decide types of assessment needed
_____	b. Determine each team member's role
_____	c. Prepare a list of equipment/materials needed and who will transport these items
_____	d. Decide the date of the initial evaluation and set a schedule for the day.
_____	e. Arrange transportation of team members if necessary
_____	f. Discuss parent involvement at the initial evaluation
_____	g. Case manager outlines what additional information is needed and coordinates initial visit
_____	h. Arrange back-up plan in case of snow, illness, etc.
_____	5. Case manager makes second call to the student's teacher
_____	a. Requests any additional information
_____	b. Schedule visit
_____	c. Confirm date and time
_____	d. Arrange location/space within the student's school for the assessment and trial use of equipment
_____	e. Clarify what will occur during the evaluation and who will participate
_____	6. Case manager or designee calls parent/guardian to:
_____	a. Invited them to the evaluation
_____	b. Inform of assessment time and place
_____	c. Become acquainted with the parent
_____	d. Begin positive public relations
_____	e. Obtain information, as necessary

7. Conduct/supervise the assessment including :
- _____ a. Student observation
- _____ b. Teacher interview
- _____ c. Parent interview
- _____ d. Students trial use of a variety of assistive technology devices
8. Conduct post assessment team meeting including:
- _____ a. Brainstorm solutions
- _____ b. Prepare status notes.
- _____ c. Select a team member to share assessment information
9. Conduct summary meeting with IEP Team and Parents
- _____ a. The UATT team shares information and explores resources and plans for implementation of assistive technology devices
- _____ b. Provide one or more assistive technology devices for a trial use period of 30 days to three months.
- _____ c. Provide basic instruction on how to use the assistive technology product or products the student will use during the trial use period.
- _____ d. Have a member of the IEP team sign for the equipment if you leave UATT equipment for trial use.
- _____ e. Schedule a follow-up visit, usually within four weeks, to provide additional training, add vocabulary to an AAC device, or review student progress.
- _____ f. Give a copy of the status notes to a member of the IEP team. The case manager keeps a copy of the status notes for the team records and to refer to when preparing the more formal written report.
- _____ g. Leave IEP team members with data collection forms and provide instructions for their use.
- _____ h. Provide the parents and members of the IEP team with the case manager's contact information and conclude the visit
- _____ i. Students trial use of a variety of assistive technology devices
10. Prepare reports as follows:
- _____ a. Complete the "formal" report within two weeks of when the assessment is complete. Formal reports should be sent to parent, teacher, and student file
- _____ b. Provide the IEP team with a brief report on each follow-up visit.
- _____ c. a copy of the brief report kept in the team file for use in preparing the more formal report at the conclusion of the evaluation.
11. Follow-up
- _____ a. schedule additional visits with the student, IEP team members, or parents
- _____ b. Determine which UATT team members will participate in the follow-up visit
- _____ c. Status notes are left at with the IEP team after each UATT team visit

UATT Team Equipment Order Form

Team Letter _____

Mail or Fax to: The Computer Center for Citizens With Disabilities

Submitted by _____

1595 West 500 South

Phone # _____

Salt Lake City, UT 84104

Due Dates: 10/12/07 or 2/15/08

Fax 801-887-9382

Item Name

Quantity

Order #

Price per
Unit

Suggested Vendor

Vendor Address

UATT Team Member Report of Hours

Hours of UATT service from June 1, 2012 to May 31, 2013

Team Member submitting report: _____

This report should be turned in to the team leader who will complete the UATT Team Summary Report. Please record your hours of UATT service as defined below.

Definition of Hours- UATT service hours are hours of service provided by a UATT team member only when acting as a UATT team member and not as a member of the student's education team. For example: If a UATT team member is the direct service provider for a student who has been evaluated by the UATT team, they would not count their scheduled service time for that student as UATT hours. The UATT team member would count their time spent in providing a UATT evaluation or follow-up service for that student.

In an evaluation where five team members serve one student for one hour, each team member records one hour of service. When the team leader tallies the team members hours, filling out the UATT Team Summary Report, there would be five hours of service for that student. But they still only served one student. If one team member spends 3 hours writing a student report, that would count as 3 hours.

The following services may count as UATT hours: Evaluation or assessment, follow-up services, travel to UATT activities, training provided to a parent, student, or education team, report writing, equipment management or self training on UATT equipment.

<u>Date</u>	<u>Activity/Services</u>	<u>Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date	Activity/Services	Hours
------	-------------------	-------

UATT Team Summary Report

Please report the number of students served and the number of UATT hours for the period of June 1, 2012 to May 31, 2013. This report should be completed by the UATT Team Leader and turned in to Denise Warren by Friday, June 8, 2012. If your report is not received by June 15, your team hours and number of students will be recorded as zero and your equipment budget for the 2013-14 school year will be calculated accordingly.

Email report to denisew@usdb.org and gratefulweaver@yahoo.com or mail to: Denise Warren, USDB, 1655 East 3300 South, Salt Lake City, UT 84106

Team Letter _____ Submitted by _____

Phone Number of Person Submitting Report _____

Email address of Person Submitting Report _____

Total Number of Students served by this team during the reporting period _____

Total Number of UATT hours provided during this reporting period _____

Total Number of UATT equipment items provided to students, parents and IEP teams during this reporting period _____

Definition of a Student

The student has been referred to the UATT team for an evaluation. The UATT team has provided some level of service to the student or the student's educational team (IEP team, 504 team or regular education team) during this school year. *The UATT referral form for this student is in the UATT team file.* The same student can be counted only once during the reporting period even if that student was served by more than one UATT team member.

Definition of Hours- UATT service hours are hours of service provided by a UATT team member only when acting as a UATT team member and not as a member of the student's education team. For example: If a UATT team member is the direct service provider for a student who has been evaluated by the UATT team, they would not count their scheduled service time for that student as UATT hours. The UATT team member would count their time spent in providing a UATT evaluation or follow-up service for that student.

In an evaluation where five team members serve one student for one hour, each team member records one hour of service. When the team leader tallies the team members hours, filling out the UATT Team Summary Report, there would be five hours of service for that student. But they still only served one student. If one team member spends 3 hours writing a student report, that would count as 3 hours.

The following services may count as UATT hours: Evaluation or assessment, follow-up services, travel to UATT activities, training provided to a parent, student, or education team, report writing, equipment management or self training on UATT equipment.

Definition of Equipment Items Provided

If your UATT team provides something physical (AAC device, switch, software, PECs pictures printed with Boardmaker) to a student, teacher or parent, you should count that as an item checked out. If a team uses an item from the UATT central inventory with more than one student, then count each time the equipment is used with a new student.

What is the best way for teams to keep a count of items checked out? Each team has Filemaker Pro software. When UATT members borrow equipment from the central UATT inventory, we print and keep a copy of the checkout form. All the forms are filed away. At the end of the year, we count the checkout forms in the file and our report is done. Teams could (should) do the same thing. We just need a number from each team at the end of the year indicating how many items have been loaned to students, parents and teachers. We collect data (numbers of items checked out) to verify the UATT funds are being wisely used.

UATT Team Training Plan

Team Leader _____ Team Letter _____ School Year _____ *Submit to UATT Ldshp. Council by October 10th.*

Team Member	Name of Training Event	Conference Registration Fee	Round Trip Air Fare	Ground Transportation	Lodging	Meals	Parking	Total Estimated Cost

Team Member	Name of Training Event	Conference Registration Fee	Round Trip Air Fare	Ground Transportation	Lodging	Meals	Parking	Total Estimated Cost

Team Member	Name of Training Event	Conference Registration Fee	Round Trip Air Fare	Ground Transportation	Lodging	Meals	Parking	Total Estimated Cost

Team Member	Name of Training Event	Conference Registration Fee	Round Trip Air Fare	Ground Transportation	Lodging	Meals	Parking	Total Estimated Cost

Team Member	Name of Training Event	Conference Registration Fee	Round Trip Air Fare	Ground Transportation	Lodging	Meals	Parking	Total Estimated Cost

Team Member	Name of Training Event	Conference Registration Fee	Round Trip Air Fare	Ground Transportation	Lodging	Meals	Parking	Total Estimated Cost

Total Estimated Annual Team Training Budget _____

Please attach a letter of support from the Special Education Director of those team members planning to attend training out of state.

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.

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

Developed by Kristen N. Gray, AT for ALL

Date: _____ Name: _____
Activity: _____
Goal: _____
Access: _____
 ³ independent
 ³ dictation
 ³ via AAC device
 ³ partner assisted access _____
 ³ enlarged keyboard
 ³ laptop keyboard
 ³ alternative mouse
 ³ scanning
 ³ _____
Software: _____
Comments: _____

Developed by Kristen N. Gray, AT for ALL

Date: _____ Name: _____
Activity: _____
Goal: _____
Access: _____
 ³ independent
 ³ dictation
 ³ via AAC device
 ³ partner assisted access _____
 ³ enlarged keyboard
 ³ laptop keyboard
 ³ alternative mouse
 ³ scanning
 ³ _____
Software: _____
Comments: _____

Developed by Kristen N. Gray, AT for ALL

Date: _____ Name: _____
Activity: _____
Goal: _____
Access: _____
 ³ independent
 ³ dictation
 ³ via AAC device
 ³ partner assisted access _____
 ³ enlarged keyboard
 ³ laptop keyboard
 ³ alternative mouse
 ³ scanning
 ³ _____
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					

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