

Appendix A

Assistive Technology Assessment Guides

2013

Student Information

Student Information

Name _____ Date of Birth _____

Parent /Guardian _____

Address _____

Telephone _____

Email _____

Disability (check all that apply)

Speech/Language Learning Disability Developmental Disability

Multiple Disability Hearing Impairment Vision Impairment

Orthopedic Disability Autism Traumatic Brain Injury

Other Health Impaired Other _____

Program Placement _____

Level: Early Childhood Elementary Middle/Junior High

High School Transition to Postsecondary

Grade Placement _____

Classroom Placement

General Ed. Classroom

with instructional support (aide)

Supplemental Services

Individual/Small-Group Instruction

Special Class Learning Center

Separate Facility: _____

Home Instruction

Approved Private School on a Residential Basis

Extent of Participation in General Education Programming _____

Related Services Currently Receiving

Occupational Therapy

Physical Therapy

Speech/Language

Other _____

School District of Residence _____

County _____

School/Building Attending _____

School Address _____

Telephone _____

Medical Considerations

Diagnosis (primary and secondary) _____

Medical Concerns _____

Medical Prognosis _____

Current Medications _____

Health Insurance Company _____

Medicaid: Number _____

Vocational Services (if applicable)

Training Program _____ Location _____

Place of Employment _____ Location _____

Job Description _____

Supported Services _____

Case Manager _____ Telephone _____

Residential Setting

Home, Living With _____

Nursing Home Residential Facility Group Home

Community Involvement Activities _____

Cognitive Level of Functioning

Psychological Testing Completed By _____

Date _____

Statement of level of functioning and/or behaviors that indicate level.

Behaviors

Describe student's behavior or attention as it applies to the current need.

Experience with Assistive Technologies

Currently Used Technologies (check all that apply)

- Communication Boards Voice-Output Communication Device
- Computer: Platform _____
- including: Voice Output Screen Enlargement Braille Output
- Low-Vision Aids Amplification Systems
- Manual Wheelchair Power Wheelchair
- Environmental Control Units Writing Aids
- Other: _____

Previously Used/Tried Technologies

Assistive Technology	Length of Use	Results
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What information do you hope to gain from this assessment? _____

Select the best statements from those below about what you want assistive technology to do for this student. Then complete the appropriate assessment data-gathering pages.

- Provide or augment verbal communication
- Provide or augment written communication
- Assist with reading text material
- Alter visual materials

- Assist with hearing
- Provide appropriate seating
- Provide for assisted mobility
- Provide for computer access
- Other: _____

Person Completing This Form _____

Relationship to Student _____

Auditory

Student _____ Date _____

Completed by _____ Position _____

Current Abilities

Auditory Acuity:

- Normal acuity Normal middle-ear functioning
- Unable to test
- Identified hearing loss: right ear severity: _____
- left ear severity: _____

Onset of hearing loss: _____ Etiology _____

Date of last audiological exam: _____ (attach)

Report indicates: (include SRT, discrimination ability) _____

If acuity is not measured, describe behaviors that indicate level of hearing:

Amplification Being Used:

Level of Effectiveness:

None

Hearing aids: right

left

FM system

Sound field system

Other _____

Auditory Abilities:

Attends to sounds: high pitch low pitch voices background noises

Discriminates environmental vs. non-environmental sounds

Turns head toward sound

Hears some speech sounds

Understands synthesized speech

Eye Control and Attention to Communication:

poor

inconsistent

limited

good

excellent

Understands Communication Via Which Modes:

speech

lip-reading

signing

required interpreter

written

gestures/body language

environmental cues

other: _____

Describe efficiency: _____

Expressive Communication Via Which Modes:

speech signing: (type) _____

written gestures/body language picture cues

other: _____

Describe efficiency: _____

further receptive/expressive communication information is needed

further pragmatic communication information is needed

Auditory Concerns Impact:

reading writing access to instructional materials

ability to gain information in classroom instruction discussion

speech vocabulary/language daily living activities

use of communication system receptive/expressive discrepancies

computer access

other: _____

Discussion of Auditory Abilities: _____

Vision

Student _____

Date _____

Completed By _____

Position _____

Current Abilities

Diagnosed Visual Disorder: _____

Date of Last Vision Report: _____ (attach)

Report Indicates: _____

Visual Acuity:

acuity normal, based on school screening

wears glasses

acuity cannot be corrected

vision uncertain

If acuity is not measured, describe behaviors that indicate level of vision:

Functional Vision Skills

- localizes objects
- adequate visual scanning
- able to track objects
- recognizes persons
- recognizes objects
- attends to actions in environment
- vision interferes with daily living activities
- vision interferes with mobility

Visual Abilities:

- can read standard text print
- text must be enlarged: _____
- requires special lighting
- requires materials at an angle: _____
- recognizes photos
- recognizes line drawings
- at what size: _____
- recognizes letters at _____ pt. on computer screen
- recognizes single letters
- recognizes letters in words
- recognizes words
- recognizes words in connected form
- Prefers: black letters on white
- white on black
- other _____
- tilts head when reading
- uses only one eye: right left
- cannot read text
- requires taped material
- requires Braille instruction

Visual Adaptations Currently Utilized:

Level of Proficiency:

Enlarged text material

CCTV

Handheld magnification

Screen access software

Speech synthesizer

Screen enlargement

Braille

Braille 'N Print

Braille 'N Speak

Brailled textbooks

Highlighting

Taped instruction

Text-to-speech software

Other:

Visual Concerns Impact:

reading

writing

access to instructional materials

mobility

daily living activities

use of communication system

computer access

other:

Discussion of Visual Concerns _____

Seating and Positioning

Student _____

Date _____

Completed By _____

Position _____

NOTE: *Appropriate seating and positioning may affect a student's educational performance. Completion of this section may require input from physical and/or occupational therapists.*

Current Abilities

Current Seating and Positioning: (Check all that apply)

- Sits in regular chair with feet on floor
- Sits in regular chair with pelvic belt or footrest
- Sits in adapted chair Needs adapted chair
- Sits in wheelchair part of the day Sits in wheelchair most of the day
- Wheelchair needs to be adapted to fit
- Wheelchair is in process of being adapted to fit
- Spends part of the day out of chair due to prescribed positions
- Spends part of the day out of chair due to discomfort
- Enjoys many positions during the day based on activity
- Has limited opportunities for other positions
- Alternate positions include: standing frame side lying tumbleform chair
 beanbag chair floor mats other: _____

- Uses regular desk
- Uses adapted desk with height adjustment
- Use tray on wheelchair for desktop
- Uses adapted table
- Desktop space is not available
- Desktop space not required at this time

Description of seating:

- Seating provides trunk support
- Seating allows feet to be on floor or foot rest
- Seating provides 90/90/90 degree position
- Concerns about student's seating is noted
- Has difficulty using table or desk
- Has difficulty achieving head control
- Fatigue is a concern in relation to seating/positioning

Discussion on seating and positioning as it relates to educational performance:

Mobility

Student _____ Date _____

Completed By _____ Position _____

NOTE: Input on mobility may be required from an occupational or physical therapist or mobility specialist.

Current Abilities

Mobility: (check all that apply)

- Walks independently
- Walks, with unusually gait
- Walks with assistance
- Walks with appliance
- Needs extra time to reach destination
- Uses manual chair independently
- Is pushed in manual wheelchair
- Has potential to use power wheelchair, but has not had opportunity
- Uses power wheelchair independently
- Learning to use power wheelchair
- Requires supervision when using power wheelchair
- Uses mobility device to get around environment
- Transfers independently
- Assists in transfers
- Bears weight during transfer
- Requires total assist in transfer
- Has difficulty walking up and down stairs
- Fatigues easily when walking distances
- Visual concerns make independent mobility difficult

Concerns about mobility:

- Fatigue prohibits student from necessary mobility
- Seems to have more difficulty than in the past
- Complains of pain/discomfort
- Change in schedule requires more time for travel
- Change in location/building has created challenges to getting around
- Transition to new school requires consideration of mobility needs

Discussion of mobility issues: _____

Motor Access

Student _____

Date _____

Completed by _____

Position _____

NOTE: Motor access abilities are noted for use of a computer or communication device. Input from an occupational therapist or a person familiar with access devices may be required to complete this section. (Direct selection is always the most desirable mode. However, if this is not possible, a controlled switch site should be explored.)

Current Abilities

Fine-Motor Abilities:

Voluntary, isolated, controlled movement is possible with:

- | | | |
|------------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> left hand | <input type="checkbox"/> right hand | <input type="checkbox"/> eyes |
| <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 |

fingers on left hand: _____

fingers on right hand: _____

other: _____

Activities where movements were noted: _____

Preferred mode of access at this time: _____

- adequate further evaluation is needed

Range of motion: _____

- small (1-4 inches) medium (5-9 inches) large (10-14 inches)

Describe range where most motor control is noted: _____

Abnormal reflexes and muscle tone: yes no

Describe reflexes and tone that interfere with access: _____

Accuracy: good fair poor

Describe reliability and consistency in performing motor tasks: _____

Fatigue: not a factor minor concern significant concern

Describe fatigue in motor tasks: _____

Assisted Direct Selection: not needed

Types of assistance that have been tried _____

keyguard head pointer

hand pointers/splints chin pointer

other: _____

Which worked? _____

Further assessment is needed

Size of grid:

Smallest key space student can accurately access:

1/2 inch 1 inch 2 inch 3 inch 4 inch

Optimal grid size:

number of key spaces per page: _____

number of spaces across: _____

number of spaces down: _____

Scanning: will need not needed further assessment is needed

Preferred control body site: _____

Other possible sites: _____

Type of switch:

touch light touch wobble rocker

joystick lever head switch sip/puff

other: _____

Discussion of access concerns: _____

Academic

Student _____

Date _____

Completed By _____ Position _____

Other standardized and informal assessment should be completed as necessary to define the student's current academic functioning.

Current Abilities

Current Grade Level: _____

Special Education Instruction Provided:

- special class
- tutoring
- remedial instruction
- classroom instructional support
- educational aide in classroom
- other: _____

Prereading/Reading Level: _____

Reading Skills:

- recognizes pictures
- understands basic concepts
- demonstrates auditory discrimination of sounds
- selects initial letters of words
- applies letter/sound decoding skills
- demonstrates sight word recognition
- reads sentences
- comprehends what is read
- has difficulty with comprehension

- reads expected levels of subject matter material
- comprehends what is read to student
- currently has no functional reading skills

Reading modifications that are included in the classroom: _____

Spelling Level: _____

Spelling Skills:

- spelling is commensurate with reading ability
- spelling is significantly below reading level
- learns weekly spelling words by rote
- learns weekly spelling words through decoding
- applies spelling to daily activities
- currently has no functional spelling skills

Spelling modifications that are included in the classroom: _____

Written Expression:

- does not write sentence forms writes simple sentence forms
- writes sentence forms appropriate for grade
- has difficulty writing on lines/given spaces
- not able to provide spacing between words
- letter formations are legible inadequate letter formations

- grammar errors noted
- punctuation errors noted
- writes acceptable paragraphs on given topic
- paragraph forms stray from topic
- overall paragraph content is lower than expectations
- difficulty transferring verbal into written forms
- currently has no functional writing skills

Written expression modifications that are included in the classroom: _____

Math Level: _____

Math Skills:

- skills at expected grade level
- skills at expected ability level
- knows addition/subtraction facts
- knows multiplication/division facts
- uses calculator for computation
- relies on manipulatives for computations
- understands story problems
- expected to participate in higher-level math skills

Math modifications that are included in the classroom: _____

Classroom Organizational Skills:

- keeps materials organized
- comes prepared for class
- has difficulty organizing materials for classes
- assignments/homework frequently incomplete
- listens attentively in class

- frequently off task during instructional periods
- requires close supervision for completion of tasks

Classroom organizational modifications that are included in the classroom: _____

Written Communication

Student _____

Date _____

Completed By _____ Position _____

Current Abilities

Present Modes in Which Student Does Written Work:

- handwriting
- dictation
- keyboarding

other: _____

Current Writing Ability (include writing sample)

Dominant hand: right left unsure

Pencil Grip: appropriate other: _____

Does not hold pencil Prints preferred

Holds pencil, but does not write Cursive Preferred

Copies simple shapes Writes name

- Writing is illegible
- Writing limited due to fatigue
- Writing is slow and difficult
- Writes words/sentences
- Writes independently and legibly

Describe:

letter formations _____
size _____
spacing _____

Adaptations Used

- pencil grip
- splint/pencil holder
- special paper
- markers
- paper holder
- slant board
- other: _____

Related Concerns

- vision
 - processing
 - spelling
 - fine motor
 - other: _____
 - Describe: _____
-

Current Keyboarding Ability

- Does not type
- Types slowly
- Accidentally hits unwanted keys
- Activates desired keys on command

- one hand
- two hands
- Types with one finger
- Requires arm/wrist support
- Types with 10 finger typing
- Unable to use regular keyboard
- Recognizes and locates letters

Alternate Keyboards Used

- None
- Enlarged keyboard
- Touch screen
- Switch access/scanning
- Keyboard with head or mouthstick
- Mini-keyboard
- Joystick access
- Other: _____

Keyboard Layout: QWERTY ABC Frequency of Use (FOU)

Other Adaptations: _____

Current Computer Use **Platform** _____

- Has never used a computer
- Uses computer at school
- Uses computer at home
- Uses computer for games
- Uses computer for word processing

Mouse Use

- External with hand
- Track pad Track ball
- Unable to use mouse
- Visually unable to track arrow
- Unable to click

Word Processing Skills

Uses functions:

- space delete return shift arrows
- save open/new highlighting

Text Size: Normal (12 point) Enlarged

Further assessment of computer and keyboarding skills is needed.

Computer-Assisted Writing

Student _____ Date _____

Completed By _____ Position _____

Computer-assisted writing assessment should be completed by a team of individuals who are familiar with the scope of alternate access options.

Current Abilities

Keyboard:

- Regular Enlarged Mini
- Direct selection
- One hand Fingers used: _____

- Two hands: Single digit
- Two-handed keyboarding
- Assisted direct selection
- Hand pointer Head pointer Mouthstick
- Other: _____
- Keyguard required

- Visual keys: Regular Zoom caps
- Layout: QWERTY ABC Other _____
- Key Sizes: _____ Key Spacing _____
- Mouse Access: Regular Trackball Track pad
- Unable to use Other: _____

On-Screen Keyboard:

- Access: Mouse Trackball Joystick
- Single switch/scanning Headpointing
- Scanning Options:
- Optimal control site: _____
- Type of Switch: _____
- Mounting Position: _____
- Mode of Input: visual auditory
- Mode of Scan: linear step
- row/column block/quadrant
- Switch Activation: momentary sustained step
- Layout: QWERTY ABC
- Key Sizes: _____ Key Spacing _____

Word Processing:

Functions: is able to use:

- space delete return shift arrows
- save open/new highlighting

Text Size: Optimal _____ Minimal _____

Other concerns:

- Background color _____ Text color _____
- Text-to-speech _____

Word Prediction:

Reading ability _____

Spelling ability _____

Features:

Number of choices _____ Size _____

Arrangement: lower upper side

Scanning: visual auditory

Comparison of Word Processing/Word Prediction:

Speed: _____

Accuracy: _____

Computer Accessibility Issues:

Range of Motion:

- adequate limited to _____ inches

Seating and Positioning concerns:

- regular seating regular desk
- special desk special seating
- wheelchair: manual power mounting required

Portability:

- stationary multiple-site locations home use
- laptop desktop word processing keyboard
- independent in transport carrying case required

Durability: _____

Dictation/Speech Recognition:

Speech:

- adequate intelligibility sound errors apparent
- adequate sentence structure reduced sentence forms
- adequate volume concerns: _____
- adequate breathe support concerns: _____
- adequate phonation concerns: _____

Vision:

- adequate at 12 point enlarged: _____
- adequate tracking concerns: _____
- adequate scanning concerns: _____

Reading/Spelling:

- | | |
|---|--|
| <input type="checkbox"/> adequate sight recognition | <input type="checkbox"/> concerns: _____ |
| <input type="checkbox"/> adequate decoding | <input type="checkbox"/> concerns: _____ |
| <input type="checkbox"/> recognizes errors | <input type="checkbox"/> concerns: _____ |
| <input type="checkbox"/> corrects errors | <input type="checkbox"/> concerns: _____ |

Paragraph/Sentence Generation:

- | | |
|--|--|
| <input type="checkbox"/> formulates sentences | <input type="checkbox"/> recognizes sentence forms |
| <input type="checkbox"/> recognizes paragraph form | <input type="checkbox"/> maintains a topic |
| <input type="checkbox"/> uses capitalization | <input type="checkbox"/> uses punctuation |
| <input type="checkbox"/> uses new paragraph | <input type="checkbox"/> uses new line |

Concerns: _____

Voice Recognition

- | | | | |
|--|---|---|-------------------------------|
| <input type="checkbox"/> notes errors | <input type="checkbox"/> corrects errors: | <input type="checkbox"/> scratch that | <input type="checkbox"/> oops |
| <input type="checkbox"/> begin dictation | <input type="checkbox"/> stop dictation | | |
| <input type="checkbox"/> dictates without word interjections | | <input type="checkbox"/> frequent interjections noted | |

Impressions _____

AAC Device Information

Name _____

Date of Evaluation _____

Evaluating Team Members _____

AAC device assessment should be obtained by a team of individuals who are familiar with device features and capabilities. Trial use is recommended.

Language Features

Notations

A. Representational Symbol Form

- picture/symbols
 - black/white concrete
 - color abstract
- alphabet/numbers
- spoken choices (auditory scan)

B. Vocabulary Encoding

- levels/locations/pages
- symbol sequencing

C. Message Production

- letters phrases
- words sentences

D. Vocabulary Expansion

- preprogrammed

fully programmable

combination

E. Rate Enhancement

simple symbols selections/sequencing

abbreviation expansion

word prediction

semantic encoding

icon prediction

Selection Techniques and Strategies

Notations

Input Technique

A. Direct Selection

finger (which?) _____

thumb

fist

Assisted direct selection

joystick

trackball

infrared head pointing

B. Single Switch Scanning

Optimal controlled body site: _____

Type of switch: _____

Mount for switch _____

Mode of scan: visual auditory _____

Presentation of scan: linear step _____

row column block/quadrant _____

Switch activation: momentary sustained _____

step _____

C. Overlay or Keyboard Features

membrane key _____

single level overlay _____

multiple overlays _____

dynamic display _____

overlay exchange _____

independent _____

with assistance _____

Range of Motion

small <6" medium 6-14" large >14" _____

D. Overlay or Keyboard Features

Number of key spaces _____

(maximum /overlay)

Key sizes _____

(minimum possible)

Key spacing _____

visual delineation

keyguard

alphabet layout

ABC

QWERTY

viewing angle/mounting position

moisture guard required

Device Construction

Weight/Size Considerations

Durability: _____

Mounting Considerations

Wheelchair tubing size _____

swing away rear mount

desktop mount

walker mount

Notations

Portability

independent in transport stationary

carry case required

Output Modes

Notations

A. Speech Output

digitized synthesized either both

male female student

high intelligibility required

volume control required

auditory prompts

B. Visual Display

static dynamic

liquid crystal display

monochrome screen

color screen

active matrix

print out capabilities

C. Integration with Other Technologies

computer

type _____

environmental control units

telephone

adaptations to wheelchair

Augmentative and Alternative Communication

Student _____ Date _____

Completed By _____ Position _____

Input from a speech-language pathologist should be obtained for completion of this section.

Current Abilities

Present Modes of Communication: (check all that apply)

- semi-intelligible speech
- telegraphic word combinations
- facial expressions
- eye gaze
- gestures
- sign language
- reliable yes/no How? _____
- communication boards/pictures
- writing
- AAC device: _____
- classroom device
- single word utterances
- intelligible speech
- changes in body position or breathing pattern
- vocalizations
- pointing
- sign language approximations
- objects /tangibles
- personal device

Primary Mode of Communication: _____

Prognosis for Speech: good guarded poor severely limited

Communication attempts are understood by:

	Most of the time	Part of the time	Rarely
Strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Receptive Language Level:

Approximate age: _____ Test: _____

Estimated vocabulary understanding: _____

Or give description of behaviors that indicate level:

Expressive Language Level:

Approximate age: _____ Test: _____

Or give description of behaviors that indicate level _____

Ability to combine words/symbols to create novel messages: _____

Interactive Skills:

Student demonstrates a desire to communicate:

always frequently occasionally seldom never

Initiates interactions:

always frequently occasionally seldom never

Responds to communication interactions:

always frequently occasionally seldom never

Interacts with peers:

always frequently occasionally seldom never

Asks questions:

- always frequently occasionally seldom never

Attempts to repair communication breakdowns:

- always frequently occasionally seldom never

Communication Function Needs: (check modes of communication that are inadequate)

- | | |
|---|---|
| <input type="checkbox"/> gain attention | <input type="checkbox"/> respond to questions |
| <input type="checkbox"/> express basic needs/wants | <input type="checkbox"/> ask questions |
| <input type="checkbox"/> respond yes/no | <input type="checkbox"/> give information |
| <input type="checkbox"/> give personal information | <input type="checkbox"/> participate in classroom activities |
| <input type="checkbox"/> express feelings | <input type="checkbox"/> participate in community activities |
| <input type="checkbox"/> social rituals | <input type="checkbox"/> participate in vocational activities |
| <input type="checkbox"/> conversational interaction | <input type="checkbox"/> other: _____ |

Describe emotional status as it relates to communication:

Describe the individual's potential as an augmentative communicator:

Past history of AAC use: Include aided and unaided systems.

System	Length of Time	Results
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Abilities Summary

Name _____ Date _____

Auditory Abilities: _____

Visual Abilities: _____

Seating and Positioning: _____

Mobility: _____

Academic Abilities: _____

Written Communication Abilities: _____

Augmentative and Alternative Communication Abilities: _____

Motor Access Abilities: _____

