

**Assessing**

**Students'**

**Needs for**

**Assistive**

**Technology**

**A Resource Manual**

**for School District Teams**

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**Wisconsin Assistive Technology Initiative**

**CESA #2**

**448 East High Street**

**Milton, WI 53563**

**[www.wati.org](http://www.wati.org)**

## Referral/Question Identification Guide

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

School Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Persons Completing Guide \_\_\_\_\_

Date \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Student's Primary Language \_\_\_\_\_ Family's Primary Language \_\_\_\_\_

### Disability (Check all that apply.)

- Speech/Language
- Cognitive Disability
- Traumatic Brain Injury
- Emotional/Behavioral Disability
- Orthopedic Impairment – Type \_\_\_\_\_
- Significant Developmental Delay
- Other Health Impairment
- Autism
- Specific Learning Disability
- Hearing Impairment
- Vision Impairment

### Current Age Group

- Birth to Three
- Middle School
- Early Childhood
- Secondary
- Elementary

### Classroom Setting

- Regular Education Classroom
- Home
- Resource Room
- Other \_\_\_\_\_
- Self-contained

### Current Service Providers

- Occupational Therapy
- Other(s) \_\_\_\_\_
- Physical Therapy
- Speech Language

### Medical Considerations (Check all that apply.)

- History of seizures
- Has degenerative medical condition
- Has multiple health problems
- Has frequent ear infections
- Has allergies to \_\_\_\_\_
- Currently taking medication for \_\_\_\_\_
- Other – Describe briefly \_\_\_\_\_
- Fatigues easily
- Has frequent pain
- Has frequent upper respiratory infections
- Has digestive problems

**Other Issues of Concern** \_\_\_\_\_

## Chapter 1 - Assistive Technology Assessment

### Assistive Technology Currently Used (Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> None                             | <input type="checkbox"/> Low Tech Writing Aids             |
| <input type="checkbox"/> Manual Communication Board       | <input type="checkbox"/> Augmentative Communication System |
| <input type="checkbox"/> Low Tech Vision Aids             | <input type="checkbox"/> Amplification System              |
| <input type="checkbox"/> Environmental Control Unit/EADL  | <input type="checkbox"/> Manual Wheelchair                 |
| <input type="checkbox"/> Power Wheelchair                 | <input type="checkbox"/> Computer – Type (platform) _____  |
| <input type="checkbox"/> Voice Recognition                | <input type="checkbox"/> Word Prediction                   |
| <input type="checkbox"/> Adaptive Input - Describe _____  |  |
| <input type="checkbox"/> Adaptive Output - Describe _____ |  |
| <input type="checkbox"/> Other _____                      |  |

### Assistive Technology Tried

Please describe any other assistive technology previously tried, length of trial, and outcome (how did it work or why didn't it work.)

_____	_____
Assistive Technology	Number and Dates of Trial(s)
_____	_____
Outcome	
_____	_____
Assistive Technology	Number and Dates of Trial(s)
_____	_____
Outcome	
_____	_____
Assistive Technology	Number and Dates of Trial(s)
_____	_____
Outcome	

### REFERRAL QUESTION

What task(s) does the student need to do that is currently difficult or impossible, and for which assistive technology may be an option? \_\_\_\_\_

**Based on the referral question, select the sections of the Student Information Guide to be completed.** (Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Section 1 Fine Motor Related to Computer or Device Access | <input type="checkbox"/> Section 8 Recreation and Leisure  |
| <input type="checkbox"/> Section 2 Motor Aspects of Writing                        | <input type="checkbox"/> Section 9 Seating and Positioning |
| <input type="checkbox"/> Section 3 Composing Written Material                      | <input type="checkbox"/> Section 10 Mobility               |
| <input type="checkbox"/> Section 4 Communication                                   | <input type="checkbox"/> Section 11 Vision                 |
| <input type="checkbox"/> Section 5 Reading   | <input type="checkbox"/> Section 12 Hearing                |
| <input type="checkbox"/> Section 6 Learning and Studying                           | <input type="checkbox"/> Section 13 General                |
| <input type="checkbox"/> Section 7 Math  |  |

**WATI Student Information Guide**  
**SECTION 1**  
**Fine Motor Related to Computer (or Device) Access**

**1. Current Fine Motor Abilities**

Observe the student using paper and pencil, typewriter, computer, switch, etc. Look at the movements as well as the activities and situations. Does the student have voluntary, isolated, controlled movements using the following? (Check all that apply.)

- |                                    |                                     |                                      |
|------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Left hand | <input type="checkbox"/> Right hand | <input type="checkbox"/> Eye(s)      |
| <input type="checkbox"/> Left arm  | <input type="checkbox"/> Right arm  | <input type="checkbox"/> Head        |
| <input type="checkbox"/> Left leg  | <input type="checkbox"/> Right leg  | <input type="checkbox"/> Mouth       |
| <input type="checkbox"/> Left foot | <input type="checkbox"/> Right foot | <input type="checkbox"/> Tongue      |
| <input type="checkbox"/> Finger(s) | <input type="checkbox"/> Eyebrows   | <input type="checkbox"/> Other _____ |

Describe briefly the activities/situations observed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Range of Motion**

Student has specific limitations to range. Yes No

Describe the specific range in which the student has the most motor control. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Abnormal Reflexes and Muscle Tone**

Student has abnormal reflexes or abnormal muscle tone. Yes No

Describe briefly any abnormal reflex patterns or patterns of low or high muscle tone that may interfere with the student's voluntary motor control. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Accuracy**

Student has difficulty with accuracy. Yes No

Describe how accurate, reliable and consistent the student is in performing a particular fine motor task. \_\_\_\_\_  
\_\_\_\_\_

**5. Fatigue**

Student fatigues easily. Yes No

Describe how easily the student becomes fatigued. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**6. Assisted Direct Selection**

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

- Keyboard  Head pointer/head stick
- Pointers, hand grips, splints etc.  Light beam/laser

Other: \_\_\_\_\_

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

\_\_\_\_\_

**7. Size of Grid Student Is Able to Access**

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

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

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

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

**8. Scanning**

If student cannot direct select, does the student use scanning?

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

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

**Other possible control sites** \_\_\_\_\_

**9. Type of Switch**

The following switches have been tried. (Check all that apply. **Circle the one or two** that seemed to work the best.)

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

**Summary of Student's Abilities and Concerns Related to Computer/Device Access** \_\_\_\_\_

\_\_\_\_\_

**WATI Student Information Guide**  
**SECTION 2**  
**Motor Aspects of Writing**

**1. Current Writing Ability** (Check all that apply.)

- Holds pencil, but does not write
- Scribbles with a few recognizable letters
- Uses pencil adapted with \_\_\_\_\_
- Copies from book (near point)
- Prints a few words
- Prints name
- Writes cursive
- Writing is limited due to fatigue
- Writing is slow and arduous
- Pretend writes
- Uses regular pencil
- Copies simple shapes
- Copies from board (far point)
- Writes on 1" lines
- Writes on narrow lines
- Uses space correctly
- Sizes writing to fit spaces
- Writes independently and legibly

**2. Assistive Technology Used** (Check all that apply.)

- Paper with heavier lines
- Paper with raised lines
- Pencil grip
- Special pencil or marker
- Splint or pencil holder
- Typewriter
- Computer
- Other \_\_\_\_\_

**3. Current Keyboarding Ability** (Check all that apply.)

- Does not currently type
- Types slowly, with one finger
- Accidentally hits unwanted keys
- Requires arm or wrist support to type
- Uses mini keyboard to reduce fatigue
- Uses Touch Window
- Uses access software
- Uses adapted or alternate keyboard, such as \_\_\_\_\_
- Other \_\_\_\_\_
- Activates desired key on command
- Types slowly, with more than one finger
- Performs 10 finger typing
- Accesses keyboard with head or mouth stick
- Uses switch to access computer
- Uses alternative keyboard
- Uses Morse code to access computer

**4. Computer Use** (Check all that apply.)

- Has never used a computer
  - Uses computer at school
  - Uses computer at home
  - Uses computer for games
  - Uses computer for word processing
  - Uses computer's spell checker
  - Uses computer for a variety of purposes, such as \_\_\_\_\_
  - Has potential to use computer but has not used a computer because \_\_\_\_\_
- 
- 
-

## Chapter 1 - Assistive Technology Assessment

### 5. Computer Availability and Use

The student has access to the following computer(s)

- PC                                       Macintosh                                       Other \_\_\_\_\_  
 Desktop                                       Laptop

Location: \_\_\_\_\_

The student uses a computer

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

**Summary of Student's Abilities and Concerns Related to Writing** \_\_\_\_\_

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**WATI Student Information Guide**  
**SECTION 3**  
**Composing Written Material**

**1. Typical of Student's Present Writing** (Check all that apply.)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Short words     | <input type="checkbox"/> Sentences                   | <input type="checkbox"/> Multi-paragraph reports |
| <input type="checkbox"/> Short phrases   | <input type="checkbox"/> Paragraphs of 2-5 sentences | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Complex phrases | <input type="checkbox"/> Longer paragraphs           | _____  |

**2. Difficulties Currently Experienced by Student** (Check all that apply.)

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

**3. Strategies for Composing Written Materials Student Currently Utilizes** (Check all that apply.)

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

**4. Aids/Assistive Technology for Composing Written Materials Utilized by Student**  
(Check all that apply.)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Word cards   | <input type="checkbox"/> Word book                           | <input type="checkbox"/> Word wall/word lists |
| <input type="checkbox"/> Prewritten words on cards or labels  |  |   |
| <input type="checkbox"/> Dictionary   | <input type="checkbox"/> Electronic dictionary/spell checker |   |
| <input type="checkbox"/> Whole words using software or hardware (e.g. IntelliKeys)                        |  |   |
| <input type="checkbox"/> Symbol-based software for writing (e.g. Writing with Symbols 2000 or Pix Writer) |  |   |
| <input type="checkbox"/> Word processing with spell checker/grammar checker                               |  |   |
| <input type="checkbox"/> Talking word processing  | <input type="checkbox"/> Abbreviation/expansion              |   |
| <input type="checkbox"/> Word processing with writing support   |  |   |
| <input type="checkbox"/> Multimedia software  | <input type="checkbox"/> Voice recognition software          |   |
| <input type="checkbox"/> Other _____  |  |   |

**Summary of Student's Abilities and Concerns Related to Computer/Device Access** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## WATI Student Information Guide

### SECTION 4

### Communication

#### 1. Student's Present Means of Communication

(Check all that are used. **Circle the primary method** the student uses.)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Changes in breathing patterns                            | <input type="checkbox"/> Body position changes   | <input type="checkbox"/> Eye-gaze/eye movement |
| <input type="checkbox"/> Facial expressions                                       | <input type="checkbox"/> Gestures  | <input type="checkbox"/> Pointing              |
| <input type="checkbox"/> Sign language approximations                             | <input type="checkbox"/> Sign language (Type _____ # signs _____<br># combinations _____ # signs in a combination _____) |  |
| <input type="checkbox"/> Vocalizations, list examples _____                       |  |  |
| <input type="checkbox"/> Vowels, vowel combinations, list examples _____          |  |  |
| <input type="checkbox"/> Single words, list examples & approx. # _____            |  |  |
| <input type="checkbox"/> Reliable no  | <input type="checkbox"/> Reliable yes  |  |
| <input type="checkbox"/> 2-word utterances  | <input type="checkbox"/> 3-word utterances   |  |
| <input type="checkbox"/> Semi intelligible speech, estimate % intelligible: _____ |  |  |
| <input type="checkbox"/> Communication board                                      | <input type="checkbox"/> Tangibles   | <input type="checkbox"/> Pictures              |
| <input type="checkbox"/> Voice output AC device (name of device) _____            | <input type="checkbox"/> Combination pictures/words  | <input type="checkbox"/> Words                 |
| <input type="checkbox"/> Intelligible speech                                      | <input type="checkbox"/> Writing   | <input type="checkbox"/> Other _____           |

#### 2. Those Who Understand Student's Communication Attempts (Check best descriptor.)

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

#### 3. Current Level of Receptive Language

Age approximation \_\_\_\_\_

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

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

#### 4. Current Level of Expressive Language

Age approximation: \_\_\_\_\_

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

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

**5. Communication Interaction Skills**

Desires to communicate  Yes  No

To indicate *yes* and *no* the student

- Shakes head       Signs                       Vocalizes                       Gestures                       Eye gazes  
 Points to board       Uses word approximations                       Does not respond consistently

Can a person unfamiliar with the student understand the response?  Yes  No

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

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

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**6. Student's Needs Related to Devices/Systems** (Check all that apply.)

- Walks                                       Uses wheelchair                                       Carries device under 2 pounds  
 Drops or throws things frequently                                       Needs digitized (human) speech  
 Needs device w/large number of words and phrases  
 Other \_\_\_\_\_

**7. Pre-Reading and Reading Skills Related to Communication** (Check all that apply.)

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

## Chapter 1 - Assistive Technology Assessment

### 8. Visual Abilities Related to Communication (Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Maintains fixation on stationary object | <input type="checkbox"/> Looks to right and left without moving head |
| <input type="checkbox"/> Scans line of symbols left to right     | <input type="checkbox"/> Scans matrix of symbols in a grid           |
| <input type="checkbox"/> Visually recognizes people              | <input type="checkbox"/> Visually recognizes common objects          |
| <input type="checkbox"/> Visually recognizes photographs         | <input type="checkbox"/> Visually recognizes symbols or pictures     |
| <input type="checkbox"/> Needs additional space around symbol    | <input type="checkbox"/> Visually shifts horizontally                |
| <input type="checkbox"/> Visually shifts vertically              | <input type="checkbox"/> Recognizes line drawings                    |

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

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

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

Does student seem to do better with black on white, or white on black, or a specific color combination for figure/ground discrimination? \_\_\_\_\_

Explain anything else you think is significant about the responses the student currently uses or his/her need for augmenting communication (Use an additional page if necessary) \_\_\_\_\_

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**Summary of Student's Abilities and Concerns Related to Communication** \_\_\_\_\_

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## WATI Student Information Guide

### SECTION 5

### Reading

#### 1. The Student Demonstrates the Following Literacy Skills. (Check all that apply.)

- Engages in joint attention with adult caregiver to activities (e.g. songs, stories, games and/or toys)
- Shows an interest in books and stories with adult
- Shows an interest in looking at books independently
- Associates pictures with spoken words when being read to
- Realizes text conveys meaning when being read to
- Recognizes connection between spoken words and specific text when being read to
- Pretend writes and “reads” what he or she has written, even if scribbles
- When asked to spell a word, gets first consonant correct, but not the rest of the word
- Demonstrates sound manipulation skills including:
  - Initial and final sounds in words
  - Initial letter names/sounds
- Recognizes, names and prints the alphabet (if motor skills are limited, may use alternative means rather than printing to demonstrate knowledge of the alphabet)
- When asked to spell a word, gets first and last sounds correct
- Applies phonics rules when attempting to decode printed words
- Sound blends words
- Reads and understands words in context
- Spells words using conventional spelling in situations other than memorized spelling tests
- Reads and understands sentences
- Composes sentences using nouns and verbs
- Reads fluently with expression
- Reads and understands paragraphs
- Composes meaningful paragraphs using correct syntax and punctuation

#### 2. Student’s Performance Is Improved by (Check all that apply.)

- Smaller amount of text on page
- Word wall to refer to
- Graphics to communicate ideas
- Bold type for main ideas
- Additional time
- Spoken text to accompany print
- Other \_\_\_\_\_
- Enlarged print
- Pre-teaching concepts
- Text rewritten at lower reading level
- Reduced length of assignment
- Being placed where there are few distractions
- Color overlay (List color \_\_\_\_\_)

#### 3. Reading Assistance Used

Please describe the non-technology based strategies and accommodations that have been used with this student

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## Chapter 1 - Assistive Technology Assessment

### 4. Assistive Technology Used

The following have been tried. (Check all that apply.)

- Highlighter, marker, template, or other self-help aid in visual tracking
- Colored overlay to change contrast between text and background
- Tape recorder, taped text, or talking books to “read along” with text
- Talking dictionary or talking spell checker to pronounce single words
- Hand held scanner to pronounce difficult words or phrases
- Computer with text to speech software to
  - Speak single words
  - Speak sentences
  - Speak paragraphs
  - Read entire document

Explain what seemed to work about any of the above assistive technology that has been tried.

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### 5. Approximate Age or Grade Level of Reading Skills \_\_\_\_\_

### 6. Cognitive Ability in General

- Significantly below average
- Below average
- Average
- Above average

### 7. Difficulty

Student has difficulty decoding the following. (Check all that apply.)

- Worksheets
- Reading Textbook
- Subject Area Textbooks
- Tests

Student has difficulty comprehending the following. (Check all that apply.)

- Worksheets
- Reading Textbook
- Subject Area Textbooks
- Tests

### 8. Computer Availability and Use

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

- PC
- Macintosh

### 9. The Student Uses a Computer:

- Rarely
- Frequently
- Daily for one or more subjects or periods
- Every day, most of the day

For the following purposes \_\_\_\_\_

### Summary of Student’s Abilities and Concerns Related to Reading

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**WATI Student Information Guide**  
**SECTION 6**  
**Learning and Studying**

**1. Difficulties Student Has Learning New Material or Studying** (Check all that apply.)

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

**2. Assistive Technology Tried** (Check all that apply.)

- Print or picture schedule
- Low tech aids to find materials (e.g. index tabs, color coded folders)
- Highlighting text (e.g. markers, highlight tape, ruler)
- Recorded material
- Voice output reminders for assignments, steps of task, etc.
- Electronic organizers
- Pagers/electronic reminders
- Hand held scanner to read words or phrases
- Software for manipulation of objects/concept development
- Software for organization of ideas and studying
- Palm computers
- Other \_\_\_\_\_

**3. Strategies Used**

Please describe any adaptations or strategies that have been used to help this student with learning and studying.

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**Summary of Student's Abilities and Concerns in the Area of Learning and Studying**

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# WATI Student Information Guide

## SECTION 7

### Math

#### 1. Difficulties Student Has with Math (Check all that apply.)

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

#### 2. Assistive Technology Tried

- |  |  |
|--|--|
| <input type="checkbox"/> Abacus  | <input type="checkbox"/> Talking calculator                              |
| <input type="checkbox"/> Math line   | <input type="checkbox"/> Braille calculator                              |
| <input type="checkbox"/> Enlarged math worksheets                                    | <input type="checkbox"/> Alternative keyboards (e.g., IntelliKeys)       |
| <input type="checkbox"/> Low-tech alternatives for answering                         | <input type="checkbox"/> Math “Smart Chart”                              |
| <input type="checkbox"/> Recorded material   | <input type="checkbox"/> Tactile math devices (ruler, clock, etc.)       |
| <input type="checkbox"/> Voice output reminders for assignments, steps of task, etc. | <input type="checkbox"/> Electronic organizers                           |
| <input type="checkbox"/> Pagers/electronic reminders                                 | <input type="checkbox"/> Single word scanners                            |
| <input type="checkbox"/> Software for manipulation of objects/concept development    | <input type="checkbox"/> On screen scanning calculator                   |
| <input type="checkbox"/> Talking or Braille watch                                    | <input type="checkbox"/> Software for organization of ideas and studying |
| <input type="checkbox"/> Palm computers  |  |
| <input type="checkbox"/> Other _____   |  |

#### 3. Strategies Used

Please describe any strategies that have been used to help. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Summary of Student’s Abilities and Concerns Related to Math** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WATI Student Information Guide**  
**SECTION 8**  
**Recreation and Leisure**

**1. Difficulties Student Experiences Participating in Recreation and Leisure** (Check all that apply.)

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

**2. Activities Student Especially Enjoys** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Adaptations Tried to Enhance Participation in Recreation and Leisure** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**4. Assistive Technology Tried** (Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Toys adapted with Velcro <sup>®</sup> , magnets, handles etc. |  |
| <input type="checkbox"/> Toys adapted for single switch operation                      |  |
| <input type="checkbox"/> Adaptive sporting equipment, such as lighted or beeping ball  |  |
| <input type="checkbox"/> Universal cuff or strap to hold crayons, markers, etc.        |  |
| <input type="checkbox"/> Modified utensils, e.g. rubber stamps, rollers, brushes       |  |
| <input type="checkbox"/> Ergo Rest or other arm support                                |  |
| <input type="checkbox"/> Electronic aids to control/operate TV, VCR, CD player, etc.   |  |
| <input type="checkbox"/> Software to complete art activities                           | <input type="checkbox"/> Games on the computer |
| <input type="checkbox"/> Other computer software                                       | <input type="checkbox"/> Other _____           |

**Summary of Student's Abilities and Concerns in the Area of Recreation and Leisure**

\_\_\_\_\_

\_\_\_\_\_

**WATI Student Information Guide**  
**SECTION 9**  
**Seating and Positioning**

**1. Current Seating and Positioning of Student** (Check all that apply.)

- Sits in regular chair w/ feet on floor
- Sits in regular chair w/ pelvic belt or foot rest
- Sits in adapted chair
- Sits in seat with adaptive cushion that allows needed movement
- Sits in wheelchair part of day
- Sits comfortably in wheelchair most of day
- Wheelchair in process of being adapted to fit
- Spends part of day out of chair due to prescribed positions
- Spends part of day out of chair due to discomfort
- Enjoys many positions throughout the day, based on activity
- Has few opportunities for other positions
- Uses regular desk
- Uses desk with height adjusted
- Uses tray on wheelchair for desktop
- Uses adapted table

**2. Description of Seating** (Check all that apply.)

- Seating provides trunk stability
- Seating allows feet to be on floor or foot rest
- Seating facilitates readiness to perform task
- There are questions or concerns about the student's seating
- Student dislikes some positions, often indicates discomfort in the following positions \_\_\_\_\_

How is the discomfort communicated? \_\_\_\_\_

- Student has difficulty using table or desk
- There are concerns or questions about current wheelchair.
- Student has difficulty achieving and maintaining head control, best position for head control is \_\_\_\_\_

Where are their hips? \_\_\_\_\_

- Can maintain head control for \_\_\_\_\_ minutes in this position.

**Summary of Student's Abilities and Concerns Related to Seating and Positioning**

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**WATI Student Information Guide**  
**SECTION 10**  
**Mobility**

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

- Crawls, rolls, or creeps independently
- Is pushed in manual wheelchair
- Uses wheelchair for long distances only
- Uses manual wheelchair independently
- Is learning to use power wheelchair
- Uses power wheelchair
- Needs help to transfer in and out of wheelchair
- Transfers independently
- Has difficulty walking
- Walks with assistance
- Has difficulty walking up stairs
- Has difficulty walking down stairs
- Needs extra time to reach destination
- Walks independently
- Walks with appliance
- Uses elevator key independently

**2. Concerns About Mobility** (Check all that apply.)

- Student seems extremely tired after walking, requires a long time to recover
- Student seems to be having more difficulty than in the past
- Student complains about pain or discomfort
- Changes in schedule require more time for travel
- Changes in class location or building are making it more challenging to get around
- Transition to new school will require consideration of mobility needs
- Other \_\_\_\_\_

**Summary of Student's Abilities and Concerns Related to Mobility** \_\_\_\_\_

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## WATI Student Information Guide

### Section 11

### Vision

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

#### 1. Date of Last Vision Report \_\_\_\_\_

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

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#### 2. Visual Abilities (Check all that apply.)

- Read standard textbook print
- Read text if enlarged to (indicate size in inches) \_\_\_\_\_
- Requires specialized lighting such as \_\_\_\_\_
- Requires materials tilted at a certain angle (indicate angle) \_\_\_\_\_
- Can read using optical aids, list: \_\_\_\_\_
- Currently uses the following screen enlargement device \_\_\_\_\_
- Currently uses the following screen enlargement software \_\_\_\_\_
- Recognizes letters enlarged to \_\_\_\_\_ pt. type on computer screen
- Recognizes letters enlarged to \_\_\_\_\_ pt. type for \_\_\_\_\_ minutes without eye fatigue.
- Prefers  Black letters on white  White on black  \_\_\_\_\_ (color) on \_\_\_\_\_
- Tilts head when reading
- Uses only one eye:  Right eye  Left eye
- Uses screen reader: \_\_\_\_\_
- Requires recorded material, text to speech, or Braille materials

#### 3 Alternative Output

Currently uses (Check all that apply.)

- Slate and stylus
- Talking calculator
- Braille calculator
- Braille notetaker
- Electric Braille
- Refreshable Braille display
- Tactile images
- Screen reader
- Braille translation software: \_\_\_\_\_

## Chapter 1 - Assistive Technology Assessment

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

- |  |  |
|--|--|
| <input type="checkbox"/> Requires frequent physical prompts        | <input type="checkbox"/> Requires frequent verbal cues               |
| <input type="checkbox"/> Needs only intermittent cues              | <input type="checkbox"/> Uses device to complete tasks independently |
| <input type="checkbox"/> Trouble-shoots problems related to device |  |

**4. Writing/Handwritten Materials** (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Writes using space correctly             | <input type="checkbox"/> Writes on line   |
| <input type="checkbox"/> Writes appropriate size                  | <input type="checkbox"/> Reads own handwriting  |
| <input type="checkbox"/> Reads someone else's writing             | <input type="checkbox"/> Reads hand printing  |
| <input type="checkbox"/> Reads cursive                            | <input type="checkbox"/> Skips letters when copying   |
| <input type="checkbox"/> Requires bold or raised-line paper       | <input type="checkbox"/> Requires softer lead pencils   |
| <input type="checkbox"/> Requires colored pencils, pens, or paper | <input type="checkbox"/> Requires felt tip pen <input type="checkbox"/> Thin point <input type="checkbox"/> Thick point |

**Summary of Student's Abilities and Concerns Related to Vision**\_\_\_\_\_

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## WATI Student Information Guide

### SECTION 12

### Hearing

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

#### 1. Audiological Information

Date of last audiological exam \_\_\_\_\_

Hearing loss identified

Right Ear	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Profound
Left Ear	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Profound

Onset of hearing loss \_\_\_\_\_ Etiology \_\_\_\_\_

#### 2. Unaided Auditory Abilities (Check all that apply.)

- Attends to sounds
- Discriminates environmental vs. non-environmental sounds
- Turns toward sound
- Hears some speech sounds
- Understands synthesized speech
- High pitch
- Low pitch
- Voices
- Background noises

#### 3. Student's Eye Contact and Attention to Communication (Check best descriptor.)

- Poor                       Inconsistent                       Limited                       Good                       Excellent

#### 4. Communication Used by Others

Indicate the form of communication generally used by others in each of the following environments.  
(Check all that apply.)

	School	Home	Community
<input type="checkbox"/> Body language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tangible symbols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gestures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cued speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Picture cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Written messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Signs and speech together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Signed English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Contact (Pidgin) sign language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> American Sign Language (ASL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 5. Level of Receptive Proficiency in Each Environment

	School	Home	Community
<input type="checkbox"/> Understands single words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Understands short phrases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Understands majority of communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Chapter 1 - Assistive Technology Assessment**

**6. Student Communicates with Others Using** (Check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Speech                    | <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Body language                  |
| <input type="checkbox"/> Signs and speech together | <input type="checkbox"/> Gestures               | <input type="checkbox"/> Written messages               |
| <input type="checkbox"/> Signed English            | <input type="checkbox"/> Picture cues           | <input type="checkbox"/> Contact (Pidgin) sign language |
| <input type="checkbox"/> Other _____               |   |   |

**Level of expressive communication:**

- |                                       |   |                                     |
|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Single words | <input type="checkbox"/> Combination of words | <input type="checkbox"/> Proficient |
|---------------------------------------|---|-------------------------------------|

**7. Is There a Discrepancy Between Receptive and Expressive Abilities?**

- Yes     No

If yes, describe further. \_\_\_\_\_  
 \_\_\_\_\_

**8. Services Currently Used** (Check all that apply)

- |   |                                     |  |                              |                               |
|---|-------------------------------------|--|------------------------------|-------------------------------|
| <input type="checkbox"/> Audiology _____                      | <input type="checkbox"/> Note taker |  |                              |                               |
| <input type="checkbox"/> Educational interpreter using: _____ | <input type="checkbox"/> ASL        | <input type="checkbox"/> Transliterating | <input type="checkbox"/> PSE | <input type="checkbox"/> Oral |

**9. Equipment Currently Used** (Check all that apply.)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Hearing aids                                   | <input type="checkbox"/> Cochlear implant               | <input type="checkbox"/> Telecaption decoder |
| <input type="checkbox"/> Vibrotactile devices                           | <input type="checkbox"/> Classroom amplification system | <input type="checkbox"/> TTY/TDD             |
| <input type="checkbox"/> FM system <input type="checkbox"/> Other _____ |   |  |

**10. Present Concerns for Communication, Writing, and/or Educational Materials**

- |  |  |
|--|--|
| <input type="checkbox"/> Cannot hear teacher/other students      | <input type="checkbox"/> Cannot respond to emergency alarm               |
| <input type="checkbox"/> Cannot participate in class discussions | <input type="checkbox"/> Cannot benefit from educational videos/programs |
| <input type="checkbox"/> Displays rec./exp. language delays      | <input type="checkbox"/> Cannot use telephone to communicate             |

**11. Current communication functioning** (Check all that apply)

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

**12. Current Reading Level** \_\_\_\_\_

**Summary of Hearing Abilities and Concerns** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WATI Student Information Guide**  
**Section 13**  
**General**

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

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

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

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**Does student fatigue easily or experience a change in performance at different times of the day?**

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