

ASSISTIVE TECHNOLOGY DEVICES USED FOR ASSESSMENT

Date: _____ **County:** _____ **Discipline:** _____

ASSISTIVE TECHNOLOGY (AT): CATEGORY	AT DEVICES: USED FOR ASSESSMENT	ASSISTIVE TECHNOLOGY (AT): CATEGORY	AT DEVICES: USED FOR ASSESSMENT
<p>1. <u>Vision:</u> Aids or devices to facilitate the enhancement or interpretation of visual information.</p>	<input type="checkbox"/> Mini lite box <input type="checkbox"/> Mini-lite transparent overlays <input type="checkbox"/> Plexiglass spinner and spinner patterns <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p>2. <u>Assistive Listening:</u> Aids or devices to facilitate the enhancement or interpretation of auditory information.</p>	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<p>3. <u>Self-care:</u> Devices to assist with eating, bathing, dressing, and toileting.</p>	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p>4. <u>Positioning:</u> Supports needed to maintain body or joint alignment.</p>	<input type="checkbox"/> Versaform 22x34 <input type="checkbox"/> Vacuum pump <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<p>5. <u>Mobility:</u> Equipment to promote independent or assisted movement.</p>	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p>6. <u>Communication:</u> Strategies and/or technology for communication with others.</p>	<input type="checkbox"/> Picture Symbols (Boardmaker) <input type="checkbox"/> Big Mack-red <input type="checkbox"/> Every Move Counts Book & Video <input type="checkbox"/> 7-Level Communicator <input type="checkbox"/> VoicePal 8K <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<p>7. <u>Early Reading:</u> Aids or devices to promote the development of reading.</p>	<input type="checkbox"/> BookWorm <input type="checkbox"/> Storytime Book & CD <input type="checkbox"/> First Words <input type="checkbox"/> First Categories <input type="checkbox"/> Simple Sentences <input type="checkbox"/> _____	<p>8. <u>Early Writing:</u> Aids or devices to promote the development of writing.</p>	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

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9. <u>Early Math:</u> Aids or devices that promote the development of math skills.	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	10. <u>Computer Access:</u> Programs or devices to allow a child to use a computer for play or learning.	<input type="checkbox"/> KidTrac <input type="checkbox"/> Switch Interface Pro 5.0 <input type="checkbox"/> Everybody Has Feet <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
11. <u>Play:</u> Technology to promote play opportunities and experiences alone or with others.	Switches <u>Target Area (different sizes)</u> <input type="checkbox"/> Jelly bean - red <input type="checkbox"/> Specs switch - yellow <input type="checkbox"/> Big Red switch - blue <input type="checkbox"/> Wobble on base <input type="checkbox"/> _____ <u>Sensitivity/No auditory</u> <input type="checkbox"/> Pal Pad switch small <input type="checkbox"/> _____	Switch Accessories <u>Switch latch timer</u> <input type="checkbox"/> Dual Switch-latch timer <input type="checkbox"/> _____ <u>Electrical power adapter</u> <input type="checkbox"/> Power Link 3 <input type="checkbox"/> _____ <u>Mounting</u> <input type="checkbox"/> Sensitrac Pad-Adjustable Arm <input type="checkbox"/> Gooseneck Mounting <input type="checkbox"/> _____ <u>Battery adapter and notch file</u> <input type="checkbox"/> Notching file <input type="checkbox"/> Battery Device Adapter <input type="checkbox"/> AA <input type="checkbox"/> C <input type="checkbox"/> _____	Switch Activated Devices <input type="checkbox"/> Switch-adapted tape recorder <u>Visual / tactile device for hearing impairments</u> <input type="checkbox"/> Small fan <input type="checkbox"/> Bouncing butterfly <input type="checkbox"/> Vibrating pillow <input type="checkbox"/> _____ <input type="checkbox"/> _____ Resources <input type="checkbox"/> Play and Learn <input type="checkbox"/> Welcome to my preschool video <input type="checkbox"/> _____
TOTALS			

What kind of decision about AT devices were you able to make after this AT demonstration/assessment?
Please mark only **ONE in each column:**

After using the assessment kit TODAY, the family/professional:	Level of parent satisfaction with AT devices and assessment presented TODAY:	What specific devices would you need or desire for further assessment or loan?
<input type="checkbox"/> decided 1 or more AT device(s) will meet the child's needs	<input type="checkbox"/> highly satisfied	_____ (be specific)
<input type="checkbox"/> decided none of the AT devices will meet the child's needs	<input type="checkbox"/> satisfied	_____ (be specific)
<input type="checkbox"/> have not made a decision	<input type="checkbox"/> satisfied somewhat	_____ (be specific)
	<input type="checkbox"/> not satisfied	_____ (be specific)