

## WATI Student Information Guide

### SECTION 1

### Seating, Positioning and Mobility

#### 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—list brand or describe: \_\_\_\_\_
- Sits in seat with adaptive cushion that allows needed movement
- Sits comfortably in wheelchair \_\_\_\_\_ part of day \_\_\_\_\_ most of the day \_\_\_\_\_ all of the 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 – specific or general area of discomfort \_\_\_\_\_
- Uses 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 flat 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—specific example: \_\_\_\_\_
- There are concerns or questions about current seating.
- Student has difficulty achieving and maintaining head control, best position for head control is \_\_\_\_\_

How are their hips positioned? \_\_\_\_\_

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

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



# WATI Student Information Guide

## SECTION 2

### Communication

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

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

- Changes in breathing patterns       Body position changes       Eye-gaze/eye movement
- Facial expressions       Gestures       Pointing
- Sign language approximations       Sign language (Type \_\_\_\_\_ # signs \_\_\_\_\_  
# combinations \_\_\_\_\_ # signs in a combination \_\_\_\_\_)

- Vocalizations, list examples \_\_\_\_\_
- Vowels, vowel combinations, list examples \_\_\_\_\_

- Single words, list examples & approx. # \_\_\_\_\_

- 2-word utterances       3-word utterances

- Semi intelligible speech, estimate % intelligible: \_\_\_\_\_

- Communication board     Tangibles     Photos     Symbols     Visual Scenes

- Combination symbols/words     Words

- 2 symbol combinations- list examples \_\_\_\_\_

- 3 or more symbol combinations – list examples \_\_\_\_\_

- Communication book/binder – number of pages in book/binder \_\_\_\_\_

Does student navigate to desired page/message independently?     yes     no

- Schedule board(s) – list examples \_\_\_\_\_

- Speech Generating device(s) - please list \_\_\_\_\_

- Multiple overlays or levels – list examples \_\_\_\_\_

- Partner Assisted Scanning – please describe strategies and communication system \_\_\_\_\_

- Intelligible speech     Writing     Other \_\_\_\_\_

Comments about student’s present means of communicating \_\_\_\_\_

#### Purposes of Communication

Does the student communicate:

- Wants/Needs – list examples \_\_\_\_\_

- Social interactions – list examples \_\_\_\_\_

- Social etiquette - list examples \_\_\_\_\_

- Denials/rejections – list examples \_\_\_\_\_

- Shared information, including joint attention – list examples \_\_\_\_\_

**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

*(Continued on next page)*

**Does the student** (check best descriptor)

	Always	Frequently	Occasionally	Seldom	Never
Turn toward speaker	<input type="checkbox"/>				
Get other's attention	<input type="checkbox"/>				
Interact with peers	<input type="checkbox"/>				
Show awareness of listener's attention	<input type="checkbox"/>				
Initiate interactions	<input type="checkbox"/>				
Ask questions	<input type="checkbox"/>				
Respond to communication interaction	<input type="checkbox"/>				
Request clarification from communication partner	<input type="checkbox"/>				
Repair communication breakdowns	<input type="checkbox"/>				
Require verbal prompts	<input type="checkbox"/>				
Require physical prompts	<input type="checkbox"/>				
Maintain communication exchange	<input type="checkbox"/>				
Terminate 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
  - Requires scanning
  - Requires auditory preview
  - One reliable switch site     More than one reliable switch site
  - 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.) Number of symbols \_\_\_\_\_
- Yes     No    Auditory discrimination of sounds
- Yes     No    Auditory discrimination of words, phrases
- Yes     No    Selects initial letter of word
- Yes     No    Follows simple directions
- Yes     No    Sight word recognition    Number of words \_\_\_\_\_
- Yes     No    Recognizes environmental print
- Yes     No    Puts two symbols or words together to express an idea

List any other reading or pre-reading skills that support communication \_\_\_\_\_

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

- Maintains fixation on stationary object
- Visually recognizes people
- Visually recognizes common objects
- Visually recognizes photographs
- Visually recognizes symbols or pictures
- Needs additional space around symbol
- Requires high contrast symbols or borders
- Looks to right and left without moving head
- Scans matrix of symbols in a grid
- Scans line of symbols left to right
- Visually shifts horizontally
- Visually shifts vertically
- Looks at communication partner
- Benefits from “zoom” feature

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, white on black, or a specific color combination for figure/ground discrimination? \_\_\_\_\_

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

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**9. Sensory Considerations:**

Does the student have sensitivity to:

- Velcro
- Synthesized (computer generated) voices
- Volume
- Switch feedback (clicking noise)
- Tactile sensations
- Other

Explain student’s reaction to any of the checked items \_\_\_\_\_

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## Chapter 1 - Assistive Technology Assessment



**What are the communication expectations for the student in different environments?**

**School (regular and special ed., with peers, formal and informal- such as lunch room settings)**

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**Home** \_\_\_\_\_

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**Community (stores, restaurants, church, library, etc.)** \_\_\_\_\_

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**Summary of Student's Abilities and Concerns Related to Communication including past AT used to support student's communication** \_\_\_\_\_

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## Environmental Observation Summary

Activity/Task(s) observed:
Ways that typical students participated:
Ways the target student participated:
Barriers to target student's participation:

Adapted from:

Wirkus-Pallaske, M., Reed, P., & Stokes, S. (2000). *Wisconsin Assistive Technology Initiative*. Oshkosh, WI: Wisconsin Assistive Technology Initiative.

Center for Instructional Development and Research. (1998). Classroom observation. *CIDR Teaching and Learning Bulletin*, 1(4), Available online: <http://depts.washington.edu/ObsTools.htm>

Pearson, L. (no date). *Apraxia guide: Classroom observation checklist*. Available online: <http://hometown.aol.com/lynetteprs/myhomepage/profile.html>



## SETT SCAFFOLD for TOOLS SELECTION- Part II A

Develop Descriptors of an Assistive Technology Tool System that Addresses Needs and Identify Possible Tools

STUDENT: \_\_\_\_\_ AREA OF ESTABLISHED NEED (See SETT: Part I): \_\_\_\_\_

**STEP 1: Based on S-E-T data, enter descriptors or functions needed by the student across the shaded top row - 1 descriptor per column**  
**STEP 2: Enter promising tools in the shaded left column - 1 tool per row**  
**STEP 3: For each tool, note matches with descriptors and functions to help guide discussion of devices and services**  
**USE ADDITIONAL SHEETS IF NECESSARY**

Descriptors 									
Tools 									

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## WATI Assistive Technology Trial Use Guide

**AT to be tried:** \_\_\_\_\_

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_ Meeting Date: \_\_\_\_\_

School/Agency: \_\_\_\_\_ Grade/Placement: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

School/Agency Phone: \_\_\_\_\_ Address: \_\_\_\_\_

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

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

Parent(s) Address: \_\_\_\_\_

**Goal for AT use:** \_\_\_\_\_

**ACQUISITION**

Source(s)	Person Responsible	Date(s) Available	Date Received	Date Returned

Person primarily responsible to learn to operate this AT: \_\_\_\_\_

**Training**

Person(s) to be trained	Training Required	Date Begun	Date Completed



**MANAGEMENT/SUPPORT**

Location(s)	Support to be provided (e.g. set up, trouble shoot, recharge, program, etc.)	Person Responsible

**Student Use**

Date	Time Used	Location	Task(s)	Outcome(s)

# Assistive Technology (AT) Implementation Organizer

Student Code: \_\_\_\_\_ Date of Plan: \_\_\_\_\_  
 Student Age: \_\_\_\_\_ Grade/Placement: \_\_\_\_\_  
 Date of IEP: \_\_\_\_\_ School: \_\_\_\_\_

**When submitting this form to Oklahoma ABLE Tech for a device loan extension, please avoid using student identifiable information. You may submit via fax: 405-744-2487 or email: [abletech@okstate.edu](mailto:abletech@okstate.edu).**

## Team Members

Include IEP Team Members including staff and family who will need to receive training.

**\*Please indicate the borrower - if a device-loan has been obtained from ABLE Tech.**

Name	Title	Phone	Email
Coordinator:			

## Overall Goals for AT Use

Goals for the assistive technology:

Item/Device/Software	IEP Goal to Be Addressed Using the Item/Device/Software
1.	
2.	
3.	
4.	
5.	

## Item/Device/Software

1. What is the funding source the team will be using to acquire the device/software?

2. Who will be contacting the funding source to acquire the device/software?

3. Once purchased who owns the device/software?

# Assistive Technology (AT) Implementation Organizer

## Item/Device/Software, Continued

Device Name	Purchase or rent/borrow	Who will purchase/rent	Consumables Needed	Who Provides Consumables
1.				
2.				
3.				
4.				

4. What environments will the student use the AT device/software and how will it be made available? (e.g., move with the child, child will go to the device, on request, etc)

Environments (class, library, lunch, PE, etc)	Responsible Party in that environment	Where in the environment will the AT be kept?

5. When it is not in use where will it be located? Will the device be locked – if so where is the key located?


6. Will the student need the device at home -  Yes  No

If no, will an alternative device be needed? If yes, how will it be transported home?


# Assistive Technology (AT) Implementation Organizer

## Item/Device/Software, Continued

7. Will adaptations or modifications to the device be needed to help the student access it? (e.g., Keyguards for communication devices/keyboards, tablets, mounting devices, enlarged keys, etc)

Adaptations Needed	Who will help with the adaptations needed?

6. Who will be responsible for device repairs? (e.g., school district, parents, insurance, Medicaid, etc)

If the device/software breaks – what is the back up plan?


7. Has the district purchased a maintenance agreement? If yes, where is it located? Who is the contact person?


## Additional Notes


# Assistive Technology (AT) Implementation Organizer

## Student Support/Training

- Who should be called if technical assistance is needed?
- What specific skills will the student need to learn?
- What will this student use the AT device to do?

Device Name	Operational Skills (Ex. operating and accessing a device)	Functional Skills (Ex. writing, comprehension, expressive language)	Strategic Skills (Ex. deciding when to use device)	Social Skills (Ex. using the device with others)
1.				
2.				
3.				
4.				

- How much training does the student require to learn these skills?
- When will training be provided to the student and by whom?
- How will the student learn to use the device in customary environments?
- What kind of supervision/help will the student need to use the device for tasks related to the curriculum? Who will provide it and how often?

Device Name	Task	Person Responsible	Amount of Training	When will it Occur?	Completion Notes
1.	Operation/Specific Tasks				
	Daily Support/Maintenance				
	Programming/Repairs				
2.	Operation/Specific Tasks				
	Daily Support/Maintenance				
	Programming/Repairs				
3.	Operation/Specific Tasks				
	Daily Support/Maintenance				
	Programming/Repairs				
4.	Operation/Specific Tasks				
	Daily Support/Maintenance				
	Programming/Repairs				

# Assistive Technology (AT) Implementation Organizer

## Staff Support/Training:

- Who should be called if technical assistance is needed?

Device Name	Staff to Be Trained	Trainer	Amount of Training	When will it Occur?	Completion Notes
1.					
2.					
3.					
4.					

## Family Support/Training:

- Who should be called if technical assistance is needed?

Device Name	Person Needing Training/ Relationship to Student	Trainer	Amount of Training	When will it Occur?	Completion Notes
1.					
2.					
3.					
4.					

# Assistive Technology (AT) Implementation Organizer

## Using AT in Customary Environments

Device Name	Environment(s)	Task (Functional Skill)	Baseline Data	Days/Times to Use	Projected Outcome (Measurable)
1.					
2.					
3.					
4.					

### Outcomes

A. How will we know if the device or software is successful?

Device Name	Success would mean:
1.	
2.	
3.	
4.	

B. What level of achievement is reasonable to expect with this item/device/software?

Device Name	What level of achievement will be expected	How long to achieve it?
1.		
2.		
3.		
4.		

C. How will we know if the device or software is not working? What criteria will be used to stop?

Device Name	It's not working if ...	Stop using AT if ...
1.		
2.		
3.		
4.		

D. Has the implementation plan been recorded in the IEP? -  Yes  No

## WATI Assistive Technology Decision Making Guide

Area of Concern \_\_\_\_\_

### PROBLEM IDENTIFICATION-(SAMPLE)

Student's Abilities/Difficulties	Environmental Considerations	Tasks
<ul style="list-style-type: none"> <li>• Writing/use of hands</li> <li>• Communication</li> <li>• Reading/academics</li> <li>• Mobility</li> <li>• Vision</li> <li>• Hearing</li> <li>• Behavior</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Classroom</li> <li>• Playground</li> <li>• Lunch room</li> <li>• Home, etc.</li> </ul> <p>In each:</p> <ul style="list-style-type: none"> <li>• Technology equipment available</li> <li>• Room arrangement, lighting</li> <li>• Sound</li> <li>• Activities, etc</li> </ul>	<ul style="list-style-type: none"> <li>• Produce legible written material</li> <li>• Produce audible speech</li> <li>• Read text</li> <li>• Complete math problems</li> <li>• Participate in recreation/leisure</li> <li>• Move independently in the school environment</li> </ul>
<b>Sensory Considerations</b>		<b>Narrowing the Focus</b>
Vision/Hearing/Tactile (hyper/hypo)		i.e. Specific task identified for solution generation
<b>Solution Generation Tools &amp; Strategies</b>	<b>Solution Selection Tools &amp; Strategies</b>	<b>Implementation Plan</b>
Brainstorming Only No Decision Review Checklist	Discuss & Select Idea from Solution Generation	AT Trials/Services Needed: Date Length Person Responsible
		<b>Follow-Up Plan</b>
		Who & When Set specific date now.

Important: It is intended that you use this as a guide. Each topic should be written in large print where everyone can see them, i.e. on a flip chart or board. Information should then be transferred to paper for distribution, file, and future reference.