

WATI Assistive Technology Consideration Guide

Student's Name _____ School _____

1. What task is it that we want this student to do, that s/he is unable to do at a level that reflects his/her skills/abilities (writing, reading, communicating, seeing, hearing)? Document by checking each relevant task below. Please leave blank any tasks that are not relevant to the student's IEP.
2. Is the student currently able to complete tasks with special strategies or accommodations? If yes, describe in Column A for each checked task.
3. Is there available assistive technology (either devices, tools, hardware, or software) that could be used to address this task? (If none are known, review WATI's AT Checklist.) If any assistive technology tools are currently being used (or were tried in the past), describe in Column B.
4. Would the use of assistive technology help the student perform this skill more easily or efficiently, in the least restrictive environment, or perform successfully with less personal assistance? If yes, complete Column C.

Task	A. If currently completes task with special strategies / accommodations, describe.	B. If currently completes task with assistive technology tools, describe.	C. Describe new or additional assistive technology to be tried.
<input type="checkbox"/> Motor Aspects of Writing			
<input type="checkbox"/> Computer Access			
<input type="checkbox"/> Composing Written Material			
<input type="checkbox"/> Communication			
<input type="checkbox"/> Reading			
<input type="checkbox"/> Learning/ Studying			

Task	A. If currently completes task with special strategies / accommodations, describe.	B. If currently completes task with assistive technology tools, describe.	C. Describe new or additional assistive technology to be tried.
<input type="checkbox"/> Math			
<input type="checkbox"/> Recreation and Leisure			
<input type="checkbox"/> Activities of Daily Living (ADLs)			
<input type="checkbox"/> Mobility			
<input type="checkbox"/> Environmental Control			
<input type="checkbox"/> Positioning and Seating			
<input type="checkbox"/> Vision			
<input type="checkbox"/> Hearing			
<p>5. Are there assistive technology services (more specific evaluation of need for assistive technology, adapting or modifying the assistive technology, technical assistance on its operation or use, or training of student, staff, or family) that this student needs? If yes, describe what will be provided, the initiation and duration.</p> <p>_____</p> <p>_____</p> <p>Persons Present: _____ Date: _____</p>			

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 _____

Assistive Technology Currently Used (Check all that apply.)

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

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.)

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

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.)

- | | |
|---|--|
| <input type="checkbox"/> Keyguard | <input type="checkbox"/> Head pointer/head stick |
| <input type="checkbox"/> Pointers, hand grips, splints etc. | <input type="checkbox"/> 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.)

- | | | | |
|--|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Touch (jellybean) | <input type="checkbox"/> Light touch | <input type="checkbox"/> Wobble | <input type="checkbox"/> Rocker |
| <input type="checkbox"/> Joystick | <input type="checkbox"/> Lever | <input type="checkbox"/> Head switch | <input type="checkbox"/> Mercury (tilt) |
| <input type="checkbox"/> Arm slot | <input type="checkbox"/> Eye brow | <input type="checkbox"/> Tongue | <input type="checkbox"/> Sip/puff |
| <input type="checkbox"/> Tread | <input type="checkbox"/> 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.)

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

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

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Paper with heavier lines | <input type="checkbox"/> Paper with raised lines | <input type="checkbox"/> Pencil grip |
| <input type="checkbox"/> Special pencil or marker | <input type="checkbox"/> Splint or pencil holder | <input type="checkbox"/> Typewriter |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Other _____ | |

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

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

4. Computer Use (Check all that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Has never used a computer | <input type="checkbox"/> Uses computer at school | <input type="checkbox"/> Uses computer at home |
| <input type="checkbox"/> Uses computer for games | <input type="checkbox"/> Uses computer for word processing | |
| <input type="checkbox"/> Uses computer's spell checker | | |
| <input type="checkbox"/> Uses computer for a variety of purposes, such as _____ | | |
| <input type="checkbox"/> Has potential to use computer but has not used a computer because _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

5. Computer Availability and Use

The student has access to the following computer(s)

- | | | |
|----------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> PC | <input type="checkbox"/> Macintosh | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Desktop | <input type="checkbox"/> Laptop | |

Location: _____

The student uses a computer

- | | | | |
|---------------------------------|-------------------------------------|--|---|
| <input type="checkbox"/> Rarely | <input type="checkbox"/> Frequently | <input type="checkbox"/> Daily for one or more subjects or periods | <input type="checkbox"/> Every day, all day |
|---------------------------------|-------------------------------------|--|---|

Summary of Student's Abilities and Concerns Related to Writing _____

WATI Student Information Guide

SECTION 3

Composing Written Material

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

- Short words
- Sentences
- Multi-paragraph reports
- Short phrases
- Paragraphs of 2-5 sentences
- Other _____
- Complex phrases
- Longer paragraphs _____

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

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

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

- Story starters
- Preset choices or plot twists
- Templates to provide the format or structure (both paper and electronic)
- Webbing/concept mapping
- Outlines
- Other _____

4. Aids/Assistive Technology for Composing Written Materials Utilized by Student

(Check all that apply.)

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

- Changes in breathing patterns
- Facial expressions
- Sign language approximations
- Body position changes
- Gestures
- Sign language (Type _____ # signs _____ # combinations _____ # signs in a combination _____)
- Eye-gaze/eye movement
- Pointing
- Vocalizations, list examples _____
- Vowels, vowel combinations, list examples _____
- Single words, list examples & approx. # _____
- Reliable no Reliable yes
- 2-word utterances 3-word utterances
- Semi intelligible speech, estimate % intelligible: _____
- Communication board Tangibles Pictures Combination pictures/words Words
- Voice output AC device (name of device) _____ Intelligible speech
- Writing 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aware of listener's attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds to communication interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requests clarification from communication partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repairs communication breakdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires frequent verbal prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires frequent physical prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains communication exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terminates communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

- Maintains fixation on stationary object Looks to right and left without moving head
- Scans line of symbols left to right Scans matrix of symbols in a grid
- Visually recognizes people Visually recognizes common objects
- Visually recognizes photographs Visually recognizes symbols or pictures
- Needs additional space around symbol Visually shifts horizontally
- Visually shifts vertically 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) _____

Summary of Student's Abilities and Concerns Related to Communication _____

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.)

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

3. Reading Assistance Used

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

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.

5. Approximate Age or Grade Level of Reading Skills _____

6. Cognitive Ability in General

- | | |
|--|--|
| <input type="checkbox"/> Significantly below average | <input type="checkbox"/> Below average |
| <input type="checkbox"/> Average | <input type="checkbox"/> 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

WATI Student Information Guide
SECTION 6
Learning and Studying

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

- Remembering assignments
- Remembering steps of tasks or assignments
- Finding place in textbooks
- Taking notes during lectures
- Reviewing notes from lectures
- Organizing information/notes
- Organizing materials for a report or paper
- Turning in assignments
- Other _____

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.

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

WATI Student Information Guide
SECTION 7
Math

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

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

2. Assistive Technology Tried

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

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"/> Handling/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®, 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

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 _____

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.) _____

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: _____

- Level of proficiency** (Check the one that most closely describes the student.)
- Requires frequent physical prompts
 - Requires frequent verbal cues
 - Needs only intermittent cues
 - Uses device to complete tasks independently
 - Trouble-shoots problems related to device

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

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

Summary of Student's Abilities and Concerns Related to Vision _____

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

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"/>

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

- Speech
- Signs and speech together
- Signed English
- Other _____
- American Sign Language
- Gestures
- Picture cues
- Body language
- Written messages
- Contact (Pidgin) sign language

Level of expressive communication:

- Single words
- Combination of words
- 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)

- Audiology _____
- Educational interpreter using: _____
- Note taker
- ASL
- Transliterating
- PSE
- Oral

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

- Hearing aids
- Vibrotactile devices
- FM system
- Cochlear implant
- Classroom amplification system
- Other _____
- Telecaption decoder
- TTY/TDD

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

- Cannot hear teacher/other students
- Cannot participate in class discussions
- Displays rec./exp. language delays
- Cannot respond to emergency alarm
- Cannot benefit from educational videos/programs
- 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?

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

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

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

Environmental Observation Guide

Student's name: _____
 School: _____
 Observer: _____
 Date of Observation: _____
 Type of class: _____

Directions: Complete this Environmental Assessment Checklist before beginning

Describe the environment: Record short responses in the space provided.

Special or general education classroom?	
Specialty classroom (Specify: e.g., P.E., computer lab)	
Therapy room? (Specify)	
Number of teachers in class?	
Number of aides in class?	
Number of volunteers in class?	
Number of students in the class?	
How many days per week is the program?	
How many hours/day?	
Is the atmosphere busy or quiet?	
Are there large open areas or small divided sections?	
How are the desks arranged?	
Is the furniture sized for children?	
Are materials accessible, appropriate, varied, interesting?	
Is special equipment available (i.e., chairs with arm supports)?	
Where is the classroom located in relationship to the cafeteria, therapy, outdoor play areas, etc.?	
Are bathrooms located in or outside the classroom?	

Sensory Stimulation: Judge the level of sensory stimulation and record it with a check in the corresponding box. Enter comments or notes that clarify your responses if needed.

	Excessive	Balanced	Reduced	N/A	Comments
Auditory					
Hallway					
Street					
Other classrooms					
Other students					
Instructional media					
Teacher aides/volunteers					
Other (specify):					

Sensory Stimulation: continued

	Excessive	Balanced	Reduced	Comments
Visual				
Color				
Clutter/busy				
Art/decorations				
Visual information				
Lighting				
Other (specify):				

Persons Present During Observation: For each person on the list, put a check in the appropriate column indicating their level of participation.

Persons	Participating	Observing	Not Present
Student			
Special Educator			
General Educator			
Peer Tutors (How many?)			
Instructional Assistant #1			
Instructional Assistant #2			
Instructional Assistant #3			
Personal Attendant			
Speech-Language Pathologist			
Occupational Therapist			
Physical Therapist			
School Psychologist			
Parent			
Volunteer			
Administrator			
AT Specialist			
Other (specify):			

Notes:

Access to Assistive Technology: Record the presence or absence of **EACH TYPE** of assistive technology by placing a check in the corresponding box. Record the AT found in the classroom as a whole, not just the AT used by the target student.

Types	Present-Not Used	Present-Used	Not Present
Communication cards/boards			
Digitally recorded communication devices			
Electronic communication devices			
AT for activities of daily living			
Adjustable seating (not a wheelchair)			
Positioning equipment			
Amplification			
Visual signaling devices			
Braille/brailled materials			
Magnifiers			
Notetaking devices/keyboards			
Speech output devices/computers			
Handwriting aids			
Alternate/adapted keyboards			
Alternate/adapted mouse			
Computer switch interface			
Touch window			
Talking word processor/word prediction/abbreviation & expansion			
Transfer aids - Hoists/lifts			
Mobility aids (not wheelchairs)			
Adapted environment (e.g., doors, fixtures, furniture)			
Electronic equipment for instruction (calculator, e-books)			
Adapted instructional materials			
Instructional software			
Computer stations			
Adapted art/craft materials			
Adapted sports/recreation equipment			
Adapted toys			
Other (specify):			

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>

WATI Assistive Technology Assessment Technology Checklist
COMPUTER ACCESS

- Keyboard using accessibility options
- Word prediction, abbreviation/expansion to reduce keystrokes
- Keyguard
- Arm support
- Track ball/track pad/joystick with on-screen keyboard
- Alternate keyboard
- Mouth stick/head mouse with on-screen keyboard
- Switch with Morse code
- Switch with scanning
- Voice recognition software
- Other: _____

WRITING
Motor Aspects of Writing

- Regular pencil/pen
- Pencil/pen with adaptive grip
- Adapted paper (e.g. raised line, highlighted lines)
- Slantboard
- Use of prewritten words/phrases
- Portable word processor to keyboard instead of write
- Computer with word processing software
- Portable scanner with word processing software
- Voice recognition software to word process
- Other: _____

Composing Written Material

- Word cards/word book/word wall
- Pocket dictionary/thesaurus
- Writing templates
- Electronic/talking electronic dictionary/thesaurus/spell checker
- Word processing with spell checker/grammar checker
- Talking word processing
- Abbreviation/expansion
- Word processing with writing supports
- Multimedia software
- Voice recognition software
- Other: _____

COMMUNICATION

- Communication board/book with pictures/objects/letters/words
- Eye gaze board/frame communication system
- Simple voice output device
- Voice output device w/levels
- Voice output device w/icon sequencing
- Voice output device w/dynamic display
- Device w/speech synthesis for typing
- Other: _____

READING, STUDYING, AND MATH
Reading

- Standard text
- Predictable books
- Changes in text size, spacing, color, background color
- Book adapted for page turning (e.g. page fluffers, 3-ring binder)
- Use of pictures/symbols with text
- Talking electronic device/software to pronounce challenging words
- Single word scanners
- Scanner w/OCR and text to speech software
- Software to read websites and emails
- Other: _____

Learning/Studying

- Print or picture schedule
- Low tech aids to find materials (e.g. index tabs, color coded folders)
- Highlight text (e.g. markers, highlight tape, ruler, etc.)
- Recorded material (books on tape, taped lectures with number coded index, etc.)
- Voice output reminders for assignments, steps of task, etc.
- Electronic organizers
- Pagers/electronic reminders
- Single word scanners
- Hand-held scanners
- Software for concept development/manipulation of objects – may use alternate input device, e.g. switch, Touch Window
- Software for organization of ideas and studying
- Palm computers
- Other: _____

Math

- Abacus/Math Line
- Enlarged math worksheets
- Low tech alternatives for answering
- Math “Smart Chart”
- Money calculator and Coinulator
- Tactile/voice output measuring devices
- Talking watches/clocks
- Calculator/calculator with printout
- Calculator with large keys and/or large display
- Talking calculator
- Calculator with special features (e.g. fraction translation)
- On-screen/scanning calculator
- Alternative keyboard
- Software with cueing for math computation (may use adapted input methods)
- Voice recognition software

RECREATION AND LEISURE

- Toys adapted with Velcro, magnets, handles, etc.
- Toys adapted for single switch operation
- Adaptive sporting equipment (e.g. lighted or beeping ball)
- Universal cuff/strap to hold crayons, markers, etc.
- Modified utensils (e.g. rubber stamps, brushes, etc.)
- Ergo Rest or other arm support for drawing/painting
- Electronic aids to control/operate TV, VCR, CD player, etc.
- Software
- Completion of art activities
- Games on the computer
- Other computer software
- Other: _____

ACTIVITIES OF DAILY LIVING (ADLS)

- Non slip materials to hold things in place
- Universal cuff/strap to hold items in hand
- Color coded items for easier locating and identifying
- Adaptive eating utensils (e.g. foam handles, deep sides)
- Adaptive drinking devices (e.g. cup with cut-out rim)
- Adaptive dressing equipment (e.g. button hook, elastic shoelaces, Velcro instead of buttons, etc.)
- Adaptive devices for hygiene (e.g. adapted toothbrush, raised toilet seat, etc.)
- Adaptive bathing devices
- Adaptive equipment for cooking
- Other: _____

MOBILITY

- Walker
- Grab bars and rails
- Manual wheelchair including sports chair
- Powered mobility toy (e.g. Cooper Car, GoBot)
- Powered scooter or cart
- Powered wheelchair w/ joystick or other control
- Adapted vehicle for driving
- Other: _____

POSITIONING AND SEATING

- Non-slip surface on chair to prevent slipping (e.g. Dycem)
- Bolster, rolled towel, blocks for feet
- Adapted/alternate chair, sidelyer, stander
- Custom fitted wheelchair or insert
- Other: _____

VISION

- Eye glasses
- Optical aids
- Large print materials
- Auditory materials
- Dictation software (voice input)
- CCTV (closed circuit television)
- Screen magnifier (mounted over screen)
- Screen magnification software
- Screen color contrast
- Screen reader, text reader
- Braille notetaker
- Braille translation software
- Braille embosser
- Enlarged or Braille/tactile labels for keyboard
- Alternate keyboard
- Other: _____

HEARING

- Pen and paper
- Computer/portable word processor
- TDD for phone access with or without relay
- Signaling device (e.g. flashing light or vibrating pager)
- Closed captioning
- Real Time captioning
- Computer aided note taking
- Screen flash for alert signals on computer
- Phone amplifier
- Personal amplification system/hearing aid
- FM or loop system
- Infrared system
- Other: _____

COMMENTS

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)

WATI Assistive Technology Trial Use Summary

Student's Name: _____ Age: _____ Date Completed: _____

Person(s) Completing Summary: _____

Task Being Addressed During Trial _____

Criteria for Success _____

AT Tried	Dates Used	Criteria Met?	Comments (e.g. advantages, disadvantages, preferences, performance)

Recommendations for IEP: _____

