Step 1 – AT Consideration

The *Big East Educational Cooperative Assistive Technology Consideration Checklist* (https://www.okabletech.org/wp-content/uploads/2019/08/19BEEC-AT-consideration-guide.pdf) is intended to be used by an IEP team as documentation of the assistive technology (AT) consideration process—during development, review, and revision of any IEP. This documentation will help teams:

- determine if a student would benefit from the use of AT
- ensure the provision of a Free and Appropriate Public Education (FAPE)

Each area of concern/domain includes a sampling of common devices typically used to address that area. The samples are not provided as an exhaustive list and may not include the most appropriate device for a particular student.

Once the checklist is completed by the IEP team, note any domain(s) marked, "May benefit from the use of AT in this area." Next, the IEP team will complete the identified sections of the *Wisconsin Assistive Technology Initiative (WATI) Student Information Guides* (http://www.wati.org/free-publications/wati-student-information-guide-process-forms) (Step 2 – AT Assessment).

Example

If, through this consideration process, the IEP team determines the student would benefit from the use of AT in the following areas:

- Composing Written Material
- Reading

The IEP team will complete the following WATI Student Information Guides:

- Section 5 – Composing Written Material
- Section 6 – Reading

If no domains are marked, "May benefit from the use of AT in this area," it is recommended to include this completed checklist as documentation that the AT consideration process has occurred and no AT is needed at this time.

Note: *Adapt/Modify/Create your own resources/forms for documentation as determined appropriate by the team/district. If using existing resources/forms with a citation, please maintain all citations. Contact Oklahoma ABLE Tech for assistance at okabletech.org.*

Big East Educational Cooperative
Assistive Technology Consideration Checklist

This checklist is intended to be used by an Admissions and Release Committee (ARC) to determine whether or not a student may benefit from the use of Assistive Technology (AT). This form can be used during the referral process, or during the Admissions and Release Committee meeting to develop an Individualized Education Plan. Each area of concern includes a sampling of common devices typically used to address that area. The samples are not provided as an exhaustive list and may not include the most appropriate device for a particular student.

Student Name: _____   **DOB: _____**   **Date: _____**

Domains related to the Student's IEP	Area of Concern
Physical: Vision, hearing, health, motor abilities, speech mechanism	☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: **Vision** • Magnification devices/CCTV • Screen reader/text reader • Alternate keyboard/enlarged keys • Large print/audio books • Screen magnification/accessibility options • Braille materials/translation/notetaker • Distance viewing devices/monocular • Lightbox/materials
	☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: **Orientation & Mobility** • Pre-cane devices • Tactile boundaries • Directionality devices • Signaling devices
	☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: **Hearing** • Pen and paper • Closed captioning • Personal amplification system/hearing aid • Computer/portable word processor • Real time captioning • FM or loop system • Signaling device • Computer aided notetaking • Infrared system • Flash alert signal on computer
	☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: **Seating and Positioning/Mobility** • Non-slip surface on chair • Supports, seatbelts, harnesses • Adapted/alternate chair • Bolster, cushions, foot blocks • Adjustable tables, desks, equipment mounts, etc. • Sidelyer/Stander • Grab bars and rails • Gait training devices • Canes, crutches, walker • Mobility devices/wheelchairs
	☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: **Mechanics of Writing** • Adapted pencils/pens/grips • Slant-board • Word prediction/abbreviation expansion • Adapted paper (raised line, bold line, colored), templates • Prewritten words/phrases • Voice recognition software • Word processor/ Alphasmart, laptop, etc.
	☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: **Computer Access** • Win/Mac accessibility options • Arm support • Accessibility Switch/Alternative Input • Alternate/adapted keyboard/Keyguards, etc. • Pointing options/Trackball, joystick, etc. • Voice recognition software
Communication: Speech sound production and use, receptive and expressive language, voice, fluency, augmentative and alternative communication.	☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: • Communication board with pictures/words/objects • Eye gaze frame • Voice output device (switches, etc.)
Cognitive: An appraisal of aptitude and mental processes by which an individual applies knowledge, thinks and solves problems.	☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: • Print or picture schedule • Highlight text • Task prompter • Organization Tools (color coded folders, PDAs, software, etc.) • Recorded material • Single word/hand-held scanners • Educational Software

Academic Performance: Basic and content reading; Reading comprehension; Mathematics calculation, reasoning and application; Written expression; Oral expression; Listening comprehension; Learning preference; learning style, strategies; Effect of the disability on acquisition, development, mastery and applications of academic skills.	☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: **Reading**		
	• Predictable books • Changes in text size, spacing, color, background • Book adapted for page turning	• Use of pictures/symbols/objects with text • Talking electronic device to speak challenging words • Reading Pen (scanners)	• Scanner with Optical Character Recognition and talking word processor • Alternate Format Books (digital, audio, tactile, objects, etc.)
	☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: **Math**		
	• Abacus/Math Line • Enlarged worksheets • Alternatives for answering, explaining, or giving examples	• Tactile/voice output measuring devices • Talking watches/clocks	• Adapted Calculator • Graphing Calculator Software • Math Software
	☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: **Composing Written Material**		
	• Word cards/book/wall • Dictionary/thesaurus (electronic or manual)	• Writing templates • Word processor with/without adaptive features	• Word prediction/abbreviation expansion • Voice recognition software
Vocational Functioning: General work behaviors; Following directions; Working independently or with job supports; Job preferences or interests; Dexterity; Abilities; Interpersonal relationships and socialization; Related work skills.	☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: Any Item from the other categories that may enable an individual to perform or train for a vocational task with a greater degree of independence may be categorized here.		
Recreation / Leisure Functioning: Free time, maintenance of physical fitness, use of generic community recreation facilities and resources and degree of social involvement.	☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area:		
	• Toys adapted with Velcro, magnets, handles, switches, etc. • Adaptive sporting equipment • Modified utensils	• Arm support for drawing/painting • Electronic aids to operate media (TV, VCR, DVD, CD, etc.)	• Art software • Computer games, and adaptions • Other software • Adapted playground equipment
Environmental Functioning: Relationship with family; Relationship with peers; Family's dominant language; Cultural influences; Expectations of the parents for the child or youth in the home, school, and community environments; Services received in the community; Economic influences.	☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: **Activities of Daily Living (ADLs)**		
	• Nonslip materials/adaptive grips • Universal cuff/strap to hold items in hand	• Adaptive eating/drinking utensils • Adaptive Personal Care Devices	• Adaptive cooking equipment • Color, tactile coded items
	☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: **Environmental Control**		
	• Light switch extensions • Switch/interface for devices	• Infrared/RF control of devices	• Environmental control through augmentative device

☐ As a result of this screening it has been determined that this student is functioning independently with the standard classroom tools. **No assistive technology is required.**

☐ As a result of this screening it has been determined that this student **will require the use of assistive technology, as determined by the Admissions and Release Committee.**

☐ As a result of this screening it has been determined that this student **may require a comprehensive assistive technology evaluation as determined by the Admissions and Release Committee.**

I have been advised, in my native language, and I understand the contents of this notice. I have a copy and have received an explanation of my procedural safeguards as a parent of a student with a disability or as a student with a disability. I understand that I can receive an additional copy of my procedural safeguards, a further explanation of my rights, or assistance in understanding the content of this notice by contacting the student's school or the Director of Special Education.

Parent(s)/Student* _____

*(if age 18 or older or younger if appropriate)

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
❐ Manual or Power Wheelchair
❐ Voice Recognition
❐ Adaptive Input - Describe _____
❐ Adaptive Output - Describe _____
❐ Other _____

❐ Low Tech Writing Aids
❐ Augmentative Communication System
❐ Amplification System
❐ 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 Seating, Positioning and Mobility
❐ Section 2 Communication
❐ Section 3 Computer Access
❐ Section 4 Motor Aspects of Writing
❐ Section 5 Composition of Written Material
❐ Section 6 Reading

❐ Section 7 Mathematics
❐ Section 8 Organization
❐ Section 9 Recreation and Leisure
❐ Section 10 Vision
❐ Section 11 Hearing
❐ Section 12 General

Step 2 – AT Assessment

Once the IEP team has completed the *Big East Educational Cooperative Assistive Technology Consideration Checklist* and identified relevant sections of the *WATI Student Information Guide* (Step 1), the assessment process begins.

The first action is to identify a team of people with sufficient knowledge to determine if the student may benefit from the use of AT. The team should have the collective knowledge and skills needed to determine possible AT solutions that address the needs and abilities of the student, demands of the customary environments, educational goals, and related activities. The following are possible options for identifying/establishing an AT Assessment team:

1. The IEP team
2. The IEP team seeks help when needed and includes other knowledgeable members
3. The School district AT Assessment team

Note: It is highly recommended the AT Assessment team read the *Introduction and Directions of the WATI Student Information Guide* (https://www.wati.org/free-publications/wati-student-information-guide-process-forms) in their entirety before beginning the AT Assessment.

Once the team is identified/established, gather information and document the problem(s). Recommended approaches include:

- Interactions with the student
- Interviews with the student, family, and/or school personnel
- Record Review including past academic history, medical, or specialized assessment information
- Informal and formal tests (Note: Formal assessments are NOT required.)
- Protocols and profiles using pre-made forms

Consider completing Section 12 "General" of the WATI Student Information Guides which includes questions about behaviors that might impact the student's use of AT. Any other significant factors should be noted such as learning style, coping strategies, or interests that the team should remember and consider as they continue with the assessment process.

Once the above approaches are used to collect information, teams complete observations of the student in customary environments and document details using the *WATI Environmental Observation Summary* (https://okabletech-atcurriculum.org/wp-content/uploads/2018/03/Page-47_WATI_Assessment.pdf) (Step 3 – Observations).

Note: *Adapt/Modify/Create your own resources for documentation as determined appropriate by the team/district. If using existing resources with a citation, please maintain all citations. Contact Oklahoma ABLE Tech for assistance at okabletech.org.*

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 <u>seating</u>.

❒ 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	❏	❏	❏	❏
Teachers/therapists	❏	❏	❏	❏
Peers	❏	❏	❏	❏
Siblings	❏	❏	❏	❏
Parent/Guardian	❏	❏	❏	❏

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	❒	❒	❒	❒	❒
Get other's attention	❒	❒	❒	❒	❒
Interact with peers	❒	❒	❒	❒	❒
Show awareness of listener's attention	❒	❒	❒	❒	❒
Initiate interactions	❒	❒	❒	❒	❒
Ask questions	❒	❒	❒	❒	❒
Respond to communication interaction	❒	❒	❒	❒	❒
Request clarification from communication partner	❒	❒	❒	❒	❒
Repair communication breakdowns	❒	❒	❒	❒	❒
Require verbal prompts	❒	❒	❒	❒	❒
Require physical prompts	❒	❒	❒	❒	❒
Maintain communication exchange	❒	❒	❒	❒	❒
Terminate communication	❒	❒	❒	❒	❒

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

❒ 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 _____

_____

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

❒ Maintains fixation on stationary object   ❒ Looks to right and left without moving head

❒ Visually recognizes people   ❒ Scans matrix of symbols in a grid

❒ Visually recognizes common objects   ❒ Scans line of symbols left to right

❒ Visually recognizes photographs   ❒ Visually shifts horizontally

❒ Visually recognizes symbols or pictures   ❒ Visually shifts vertically

❒ Needs additional space around symbol   ❒ Looks at communication partner

❒ Requires high contrast symbols or borders   ❒ 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)_____

_____

_____

_____

_____

_____

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 _____

_____

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)

_____

_____

_____

Home _____

_____

_____

Community (stores, restaurants, church, library, etc.) _____

_____

_____

Summary of Student's Abilities and Concerns Related to Communication including past AT used

to support student's communication_____

_____

_____

_____

_____

_____

WATI Student Information Guide
SECTION 3
Computer Access

1. Current Computer Access

How does the student currently access the computer?

❏ Doesn't access the computer   ❏ Adapted keyboard/mouse_____

❏ Touch type with two hands   ❏ Specialized Software _____

❏ Hunt/peck with one hand   ❏ Head _____

❏ Touch type with one hand   ❏ Speech recognition _____

❏ Hunt/peck with one hand   ❏ Switch scanning _____

❏ Touchscreen   ❏ Other _____

List current AT_____

_____

_____

What difficulty is the student having with current method? _____

_____

_____

2. Previous Assistive Technology

List any AT tried in the past for computer access and describe how it worked. _____

_____

_____

_____

_____

3. Physical Abilities

Does student have limitations to range of motion? ❏Yes   ❏No

Does student have abnormal reflexes or abnormal muscle tone? ❏Yes   ❏No

Does student have difficulty with accuracy? ❏Yes   ❏No

Does student fatigue easily? ❏Yes   ❏No

Describe how physical abilities affect computer use._____

_____

_____

_____

4. Motor Control

Does the student have voluntary, controlled movement of the following? (check all that apply)

❒ Right hand	❒ Left hand	❒ Head
❒ Right arm	❒ Left arm	❒ Eyes
❒ Right leg	❒ Left leg	❒ Mouth
❒ Right foot	❒ Left foot	❒ Voice (Speech)
❒ Finger(s)	❒ Other _____	

5. Positioning

How is the student positioned for computer access?

❒ Regular classroom chair

❒ Regular classroom chair with adaptations _____

❒ Specialty chair _____

❒ Wheelchair _____

❒ Other _____

6. Sensory

Does the student have any issues with hearing? ❒Yes   ❒No

Does the student have any issues with vision? ❒Yes   ❒No

Describe how sensory issues abilities affect computer use._____

_____

_____

_____

7. Literacy

Is the student working at grade level in the following areas?

Reading ❒Yes   ❒No   _____

Composition ❒Yes   ❒No   _____

Spelling ❒Yes   ❒No   _____

Math ❒Yes   ❒No   _____

Computer Skills ❒Yes   ❒No   _____

8. Summary of Students Abilities and Concerns Related to Computer Access

_____

_____

_____

_____

WATI Student Information Guide

SECTION 4
Motor Aspects of Writing

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

Writes independently and legibly   Pretend writes

Writes cursive   Uses adapted pencil or pencil grips

Writes on 1" lines   Holds pencil, but does not write

Writes on narrow lines   Copies from book (near point)

Uses space correctly   Copies from board (far point)

Sizes writing to fit spaces   Copies simple shapes

Prints a few words   Writing is limited due to fatigue

Prints name   Writing is slow and arduous

Scribbles with a few recognizable letters

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

10 finger typing (functional speed)   Uses alternate keyboard (list) _____

Multi finger typing (functional or slow)   Uses access software(list)_____

one finger typing (functional or slow)   Uses touch window

Does not currently type   Uses head or mouth stick

Activates desired key on command   Uses switch to access computer

Accidentally hits unwanted keys   Uses Morse code to access computer

Requires arm or wrist support to type   Other_____

3. Computer Use (Check all that apply.)

Uses a computer for word processing   Uses computer at school

Uses a computer for Internet searches   Uses computer at home

Uses a computer for spell check   Has never used a computer

Uses computer for leisure (games, music, IM)_____

Uses computer for other (list)_____

Has potential to use computer but has not used a computer because_____

_____

_____

Uses computer rarely (less than 1x/weekly)

Uses computer daily

Student uses computer for one or more subjects (list subjects) _____

_____

_____

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

Adapted pencils-pencil grips

Adapted papers

Writing templates

Adapted/portable keyboards

Computers with accessibility features

Adaptive Software: text to speech; word prediction; voice recognition_____ ____

Scanned worksheets

Other _____

5. Computer Availability

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

| PC | Macintosh | Other_____ |
| Desktop | Laptop | |

Location:_____

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

_____

_____

_____

_____

WATI Student Information Guide
SECTION 5
Composition of 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   ❏ Generating ideas

❏ Getting started on a sentence or story   ❏ Working w/peers to generate ideas and information

❏ Adding information to a topic   ❏ Planning content

❏ Sequencing information   ❏ Using a variety of vocabulary

❏ Integrating information from two or more sources   ❏ Summarizing information

❏ Relating information to specific topics   ❏ Other_____

❏ Determining when to begin a new paragraph   _____

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

❏ Story starters   ❏ Webbing/concept mapping

❏ Preset choices or plot twists   ❏ Outlines

❏ Templates to provide the format or structure   ❏ Other_____
    (both paper and electronic)

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 6
Reading

1. The Student Demonstrates the Following Literacy Skills.

(Check all that apply. Add comments to clarify)

❒ 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 and 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

❒ Recognizes and reads environmental print

❒ 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

❒ Uses inventive spelling most of the time

❒ Uses conventional spelling most of the time

❒ 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	❒ Enlarged print
❒ Word wall to refer to	❒ Pre-teaching concepts
❒ Graphics to communicate ideas	❒ Text rewritten at lower reading level
❒ Bold type for main ideas	❒ Reduced length of assignment
❒ Additional time	❒ Being placed where there are few distractions
❒ Spoken text to accompany print	❒ Color overlay or colored text/background
❒ Increased spacing between words/lines	(List color_____)
❒ Symbol or Rebus supports to text	❒ 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. Add comments for clarification)

❒ 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

❒ Digital Audio files (Mp3, iPod, etc.)

❒ Talking dictionary or talking spell checker to pronounce single words

❒ Hand held pen scanner to read difficult words or phrases

❒ Electronic text from
   ❒ internet ❒publisher ❒ scanned text ❒ other _____

❒ Computer with text to speech software to

❒ Speak single words ❒ Speak sentences ❒ Speak paragraphs ❒ Read entire document

❒ Handheld device to read electronic books

❒ Electronic books from Bookshare or other digital source

Explain what seemed to work or not work with any of the above assistive technology that has been tried.

_____

_____

_____

5. Approximate Age or Grade Level of Reading Skills _____

6. Cognitive Ability in General

   ❒ Significantly below average ❒ Below average
   ❒ Average   ❒ Above average

7. Difficulty (Check all that apply. Add comments for clarification.)

Student has difficulty physically accessing the following.
   ❒Single sheets of paper ❒ Books

Student has difficulty understanding written language based on
   ❒ English Language Learner ❒ Limited background experiences

Student has sensory difficulties with
   ❒ Visual clutter   ❒ Fluorescent lighting ❒Background noise
   ❒ Personal Space ❒ Other _____

Student has difficulty decoding the following.
   ❒ Worksheets ❒Content Textbooks ❒ Trade Books ❒ Tests
   ❒ Websites or other digital text

❒ Modified Curriculum _____

❒ Recreational text

Student has difficulty comprehending the following.

❒ Worksheets ❒ Content Textbooks ❒ Trade Books ❒ Tests

❒ Websites or other digital text

❒ Modified Curriculum _____

❒ Recreational text

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 7
Mathematics

1. Difficulties Student Has with Mathematics (check all that apply).

Reading Math

Math related language and vocabulary
❐ Interpreting visual representation
❐ Switching from one representational
    format to another, as in complex
    numbers, fractions, charts and graphs

❐ Understanding math concepts like:
    ❐ Money
    ❐ Time
    ❐ Units of Measurement
❐ Math Facts
❐ Understanding percents/decimals

Organizing

❐ Drawing meaning from numbers, shapes
and other representational formats
❐ Drawing meaning from charts, grids and
graphs
❐ Applying correct operational step such
as addition, subtraction, multiplication or
division
❐ Drawing meaning and applying action
steps from/to a story problem

❐ Organizing work on a page
❐ Understanding place value
❐ Organizing and applying multiple steps
❐ Converting mixed numbers
❐ Applying functions and formulas

Writing and Presentation

❐ Writing legible numbers
❐ Drawing math figures
❐ Aligning steps of a problem
❐ Filling in numbers and data in small
    places graphing
❐ Completing simple addition and
    subtraction
❐ Completing multiplication and division
❐ Completing complex addition and
    subtraction

❐ Representing math concepts in alternate
    formats such as graphs, charts or
    geometric shapes
❐ Noting points on graphs
❐ Writing simple math equations
❐ Writing complex math equations
❐ Editing work

(Continued on next page)

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

.

❒ Adapted manipulatives
❒ Adapted number, shape or fraction stamp
❒ Adapted time pieces
❒ Adapted measuring devices
❒ Mathline
❒ Adapted paper
❒ Enlarged paper
❒ Graph paper
❒ Onscreen keyboards or calculators
❒ Virtual Manipulatives
❒ Voice recognition for math notation

❒ Alternate calculator
   ❒ Large print
   ❒Talking
   ❒ Graphing
❒ Smart chart
❒ Math graphic organizer
❒ Math specific writing, drawing software
❒ Digital Math toolbars for writing
   equations
❒ Math software to help visualize, script
   visual math concepts

3. Strategies Used
Please describe any strategies that been used to help.

_____
_____
_____
_____

Summary of Student's Abilities and Concerns Related to Math

_____
_____
_____
_____
_____

WATI Student Information Guide
SECTION 8
Organization

1. **Difficulties Student has with Organization (Check all that apply.)**

Self management
     Unable to self regulate behavior and attention
     Easily distracted
 	
 Time management
     Arrives late
     Misses deadlines
     Poor transitions between activities
     Struggles to settle down after transitions or
       when it is work time
	Materials Management
	     Messy work and storage areas
	     Lost papers and projects
	     Can't find work tools such as book, scissors
	       or markers quickly
	
	 Information Management
	     Breaking a large project into smaller steps
	     Organizing notes or review items
	     Completing multi-step tasks

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

Self:
     Fidgets
     Sitting on a therapy ball, bounce or sitz
      cushions
     Pressure or weighted vest
     Concentration CD's or Mp3's
 Information:
     Folders
     Tabs/Post Its
     Highlighters
     Study guides
     Hand Held Recorders
     Digital Organizers
     Search tools/engines
     Bookmarking tools
     Graphic organizers
     Manipulatives/ Instructional Tutorials
     Animations
	Materials:
	     Folders/ Containers/ Bins/ Boxes
	     Checklists
	     Coding
	     Filing
	     Portable electronic Storage
	     Computer based electronic storage
	 Time:
	     Clock analog vs. digital
	     Adapted clocks and watches
	       Talking readout
	       Large numbers
	       Visual cue
	     Timed reminder message
	    Schedules
	       Picture
	       Worded
	       Calendar-based
	     Digital scheduler
	     Digital reminder

3. **Summary of Student's Abilities and Concerns Related to Organization**

_____
_____
_____
_____
_____
_____

WATI Student Information Guide
SECTION 9
Recreation and Leisure

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

❒ Understanding cause and effect   ❒ Following complex directions

❒ Understanding turn taking   ❒ Communicating with others

❒ Handing/manipulating objects   ❒ Hearing others

❒ Throwing/catching objects   ❒ Seeing equipment or materials

❒ Understanding rules   ❒ Operating TV, VCR, etc.

❒ Waiting for his/her turn   ❒ Operating computer

❒ Following simple directions   ❒ 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.)

❒ Toys adapted with Velcro®, magnets, handles etc.

❒ Toys adapted for single switch operation

❒ Adaptive sporting equipment, such as lighted or beeping ball

❒ Universal cuff or strap to hold crayons, markers, etc.

❒ Modified utensils, e.g. rubber stamps, rollers, brushes

❒ Ergo Rest or other arm support

❒ Electronic aids to control/operate TV, VCR, CD player, etc.

❒ Software to complete art activities   ❒ Games on the computer

❒ Other computer software   ❒ Other _____

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

WATI Student Information Guide
SECTION 10
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 Brailler

❒ 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 11
Hearing

A hearing specialist should be consulted to complete this section.

1. Audiological Information

Date of last audiological exam_____

Hearing loss identified

Right Ear	❐ Mild	❐ Moderate	❐ Severe	❐ Profound
Left Ear	❐ Mild	❐ Moderate	❐ Severe	❐ 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
❐ Body language	❐	❐	❐
❐ Tangible symbols	❐	❐	❐
❐ Gestures	❐	❐	❐
❐ Speech	❐	❐	❐
❐ Cued speech	❐	❐	❐
❐ Picture cues	❐	❐	❐
❐ Written messages	❐	❐	❐
❐ Signs and speech together	❐	❐	❐
❐ Signed English	❐	❐	❐
❐ Contact (Pidgin) sign language	❐	❐	❐
❐ American Sign Language (ASL)	❐	❐	❐

5. Level of Receptive Proficiency in Each Environment

	School	Home	Community
❐ Understands single words	❐	❐	❐
❐ Understands short phrases	❐	❐	❐
❐ Understands majority of communications	❐	❐	❐

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

❒ Speech   ❒ American Sign Language   ❒ Body language

❒ Signs and speech together   ❒ Gestures   ❒ Written messages

❒ Signed English   ❒ Picture cues   ❒ Contact (Pidgin) sign language

❒ Other_____

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_____ ❒ Note taker

❒ Educational interpreter using:_____ ❒ ASL   ❒ Transliterating   ❒ PSE   ❒ Oral

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

❒ Hearing aids   ❒ Cochlear implant   ❒ Telecaption decoder

❒ Vibrotactile devices   ❒ Classroom amplification system   ❒ TTY/TDD

❒ FM system   ❒ Other_____

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

❒ Cannot hear teacher/other students   ❒ Cannot respond to emergency alarm

❒ Cannot participate in class discussions   ❒ Cannot benefit from educational videos/programs

❒ Displays rec./exp. language delays   ❒ 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 12
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?

_____

_____

_____

_____

Student Information Guide
Daily Living

1. Eating
   a. When and where does the student eat? Check all that apply.

Breakfast	Snack	Lunch	Location
			Cafeteria with peers
			In separate area of cafeteria
			Other:

   b. Student's level of independence. Check all that apply. Provide additional information in blanks if that item applies to the student.

      <u>Accessing food</u>

      ☐ Completely independent in obtaining food, opening packages, and cleaning up after meal
      ☐ Requires assistance in going through serving line
      ☐ Requires assistance in carrying tray to table and cleaning up
      ☐ Requires assistance in opening packages

      <u>Eating/Drinking</u>

      ☐ Uses regular utensils to feed self independently
      ☐ Only finger feeds
      ☐ Drinks from cup or straw
      ☐ Uses adaptive utensils: _____
      ☐ Requires assistance to use utensils: _____

      Describe any additional difficulties/concerns in this area:

2. Managing toileting. Check all that apply. Provide additional information in blanks if that item applies to the student.
   ☐ Uses regular toilet
      ☐ Sits on regular toilet seat without assistance
      ☐ Sits on regular toilet seat with reducer ring
      ☐ Sits on regular toilet seat with additional foot support
   ☐ Uses raised (handicapped) toilet
      ☐ Without assistance
      ☐ With reducer ring
      ☐ With additional foot support
   ☐ Uses adaptive toilet seating: _____
   ☐ Utilizes grab bars in toilet stall for support
   ☐ Requires assistance for clothing: _____
   ☐ Requires assistance for toilet hygiene: _____

1/2/2018

☐ Completes all toileting, hygiene, and clothing management independently
☐ Describe any additional difficulties/concerns in this area:

3. Dressing tasks at school. Check all that apply. Provide additional information in blanks if that item applies to the student.
   ☐ Requires assistance to put on/take off coat/jacket: _____
   ☐ Requires assistance with zippers: _____
   ☐ Requires assistance with buttons/snaps on coat/pants (circle as appropriate)
   ☐ Requires assistance to tie shoes
   ☐ Wears shoes without shoestrings on a consistent basis: _____
   ☐ Completes all school dressing tasks independently
   ☐ Describe any additional difficulties/concerns in this area:

4. Community/transition needs. Check all that apply. Provide additional information in blanks if that item applies to the student.
   a. Meal Prep/Clean up. Mark the items that student is able to consistently complete.
      ☐ Retrieve items from cabinets/drawers
      ☐ Follow simple recipe/instructions
      ☐ Wash dishes/clean up
      ☐ Demonstrate safety during all tasks
      ☐ Adaptive equipment needed: _____
      ☐ Describe any difficulties/concerns with kitchen tasks

   b. Shopping.   Mark the items that student is able to consistently complete.
      ☐ Identify basic coins/bills
      ☐ Carry and give money to cashier
      ☐ Access needed items in store
      ☐ Follow a simple list to purchase items
      ☐ Carry purchases
      ☐ Adaptive equipment/AT needed: _____
      ☐ Describe any difficulties/concerns with shopping tasks

   c. Driving: Which of the following impact the student's ability to drive safely?
      ☐ Cognition
      ☐ Vision
      ☐ Upper body limitations
      ☐ Lower body limitations

      For any of the above impairments a referral may need to be made to a modified vehicle representative and/or a driver rehabilitation specialist.

Step 3 – Observations

Once the AT Assessment team has gathered information and documented the problem using the *WATI Student Information Guide(s)* (Step 2), the AT Assessment team will verify the problem and potentially add information based on observations in the student's customary environment(s).

Recommended forms that may be used for Step 3 include:

- *WATI Classroom Observation Guide* (https://www.okabletech.org/wp-content/uploads/2018/07/48-49_Environmental-Observation-Guide.pdf)
- *WATI Environmental Observation Summary* (https://www.okabletech.org/wp-content/uploads/2021/09/WATI-Environmental-Observation-Summary.pdf)
- *SETT Scaffold for Gathering Data* (https://www.joyzabala.com/_files/ugd/70c4a3_3365497509924c368e45088e6b99dec7.pdf)

Tips for the observation include:

- Asking multiple team members to complete the same observation form in the same environment(s)
- Observing how much/often and in what ways the student is participating
- Observing how much/often and in what ways the student's peers are participating
- Noting whom the student is interacting with: students vs adults
- Noting if there are any noticeable barriers to the student's participation

Assign a deadline for observations to be completed and schedule a meeting to compare team notes.

Once information is collected through observations and has been documented, the AT Assessment team will identify the needed features of the device(s) and then determine which device(s) match well with the student complete the two-part *SETT Scaffold for Tool Selection* (https://okabletech-docs.org/wp-content/uploads/2018/06/51-52-SETT-Scaffold-for-Tool-Selection.pdf) (Step 4 – Solution Generation).

Note: *Adapt/Modify/Create your own resources for documentation as determined appropriate by the team/district. If using existing resources with a citation, please maintain all citations. Contact Oklahoma ABLE Tech for assistance at* *okabletech.org.*

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 students?	
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			
Brailler/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			
Text or screen reader			
Portable word processor			
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			
Wheelchair – Manual or Power			
Other (specify):			

Step 4 – Solution Generation

Once the AT Assessment team has completed Step 3, it will identify the needed features of the device(s) and then determine which device(s) match well with the student using the *SETT Scaffold for Tool Selection* (https://f9ab9d45-0285-4848-bfe4-24f68ce1fd58.filesusr.com/ugd/70c4a3_9b251155ff27429ea38ee8729e28b182.rtf?dn=Zabala_SETT_Scaffold_Tool_Selection.rtf).

Examples of features include portability, durability, word prediction, external or onscreen keyboard, text-to-speech, dictation, etc.

After listing needed features, the team will name specific devices that have the identified features. If no one has this knowledge, a team member will need to do independent research and/or consult with an outside entity — like Oklahoma ABLE Tech — to generate solutions that may work for the student. View *ABLE Tech's AT Discovery* (https://www.okabletech.org/at-discovery) pages for device ideas.

Once a list of specific AT tools is generated, the AT Assessment team should use the *WATI Trial Use Guide and/or the WATI Trial Use Summary* (https://www.okabletech.org/wp-content/uploads/2018/05/7.-WATI-AT-Trial-Use-Guide.pdf) to complete the device trials.

Trials may be completed using:

- Systemically available tools – Currently available to all students served by the district
- Programmatically available tools – Available through special education services or other services for which the student is qualified
- Additional tools that need to be acquired for this student from –
  - Device manufacturers
  - AIM Center at the *Oklahoma Library for the Blind and Physically Handicapped* (https://www.olbph.org/AIM)
  - *Oklahoma ABLE Tech* (https://www.okabletech.org): Oklahoma's statewide AT Act Program

The AT Assessment team will collect data about each device trial to provide objective information about student performance. More than one device may meet the student's need(s). The team will select the device that best meets the student's needs (Step 5 – Solution Selection).

Note: *Adapt/Modify/Create your own resources for documentation as determined appropriate by the team/district. If using existing resources with a citation, please maintain all citations. Contact Oklahoma ABLE Tech for assistance at okabletech.org.*

SETT SCAFFOLD FOR TOOL SELECTTION – PART 1 - IDENTIFYING TOOLS
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 ⇨											

SETT SCAFFOLD FOR TOOL SELECTION – PART 2 - PRIORITIZING TOOLS
Establish Availability and Training Needs for Promising Tools that Match Student Needs

SHORT LIST OF TOOLS JUSTIFY CHOICES WITH SETT DATA AND DESCRIPTOR MATCH	TOOL AVAILABILITY			SERVICES (training, planning, coordination, etc) REQUIRED FOR EFFECTIVE USE		
	S	P	A	STUDENT	STAFF	FAMILY

KEY: S= Systemically available tools – Currently available to ALL students served by this system
P= Programmatically available through special education services or other services for which this student is qualified
A= Additional tools that need to be acquired for this student.

WISCONSIN ASSISTIVE

W**ATI**

TECHNOLOGY INITIATIVE

ABLE Tech
Handout 7

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: _____

_____

_____

_____

_____

Step 5 – Solution Selection

Once the AT Assessment team has completed Step 4, the team must meet to discuss documentation gathered in Steps 1-4. The team will then decide which device(s) to acquire for the student using the *WATI Decision Making Guide* (https://www.okabletech.org/wp-content/uploads/2018/05/8.-WATI-Decision-Making-Guide.pdf).

Remember: All members of the team must have equal say in decisions that are made. AT Assessment teams should encourage discussion and seek to obtain a consensus.

Providing AT

The following are basic actions needed to obtain AT devices:

1. Identify the source of equipment and associated costs.
   a. Locate vendor or manufacturer.
   b. Obtain a price quote in writing.
2. Determine person(s) who will seek funding source.
   a. Determine requirements for each funding source.
   b. Identify possible funding sources.
3. Order equipment (consider obtaining a maintenance agreement, warranty, or other safeguard).
4. Plan for training as needed.
5. Set up equipment.
6. Establish technical support system (include a plan for repairs including, obtaining loaner equipment).

Documenting AT in the IEP

The team will ensure documentation is included in the IEP. It is not necessary to include the brand specific name of the device. It may be more beneficial to list the device features.

The following are areas within the IEP that can include AT:

- Overall Objective Statements
- Goals and Objectives
- Supplementary Aids and Services

Note: *Adapt/Modify/Create your own resources for documentation as determined appropriate by the team/district. If using existing resources with a citation, please maintain all citations. Contact Oklahoma ABLE Tech for assistance at okabletech.org.*

WISCONSIN ASSISTIVE
WATI
TECHNOLOGY INITIATIVE

WATI Assistive Technology Decision Making Guide

Referral Question_____

_____

PROBLEM IDENTIFICATION

Student's Abilities/Difficulties	Environmental Considerations	Tasks
Writing/Use of Hands Communication Reading/Academics Mobility Vision Hearing Behavior Other	e.g. Classroom Playground Lunch Room Home, etc. In Each: Technology Equipment Available Room Arrangement, Lighting Sound Activities, etc.	e.g. Produce legible written material Produce audible speech Read text Complete math problems Participate in recreation/leisure Move independently in the school environment
		Reframed Question
		i.e. Specific task identified for solution generation
SOLUTION GENERATION	**Solution Selection**	**Implementation Plan**
Brainstorming Only No Decision	Discuss & Select Idea from Solution Generation	AT Trials/Services Needed: Date Length Person Responsible
		Follow-Up Plan
		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.

"Has the team determined that Assistive Technology is necessary to implement the student's IEP?"

As required by IDEA, Assistive Technology must be considered for every student with a disability. This question should be answered during the IEP meeting. It should not be predetermined by the person initiating the IEP in EdPlan.

The following questions may help the IEP team through the process of reaching a "Yes" or "No" answer to the question, "....is assistive technology needed to implement the student's IEP?"

1. What task does the student need to do, that s/he is unable to do at a level that reflects his/her skills/abilities (writing, reading, communicating, hearing, seeing)?

2. Is the student currently able to complete tasks with special strategies or accommodations?

3. Is assistive technology (either devices, tools, hardware or software) currently being used to address this task?

4. Would the use of assistive technology help the student perform this skill more easily or efficiently?
   Would it help him perform in the least restrictive environment?
   Would it help him perform successfully with less personal assistance?

AT Consideration

Does the student require Assistive Technology devices and/or services?

Scenario	Special Factors AT question		Follow up question when "yes" is checked: Describe the assistive technology, devices and services that are needed.
	Check "yes"	Check "no"	
AT is <u>currently</u> being provided and current goals can be achieved with AT devices and/or services	X		Describe the devices and/or services that are currently being provided.
AT is determined to be needed based on current information.	X		Record the type of device/features of a device and/or services needed.
AT may be needed but more information is needed	X		Record that an AT assessment is needed and indicate the timeline/procedures that will be followed. When assessment is complete, amend the IEP to record details of the assessment.
Current goals can be achieved without AT devices and services		X	N/A

Step 6 – Implementation / Follow Up

Once the needed AT has been acquired and devices/services have been included in the IEP as required, the team will develop an implementation plan, record data, and periodically review the student's progress in all areas of AT use.

Implementation

The team uses the *Assistive Technology (AT) Implementation Organizer* (https://www.okabletech.org/wp-content/uploads/2018/07/2016_Implementation-Plan-Worksheet-Organizer.pdf) when developing an implementation plan. This document provides guidance on the three main areas to address when planning for and using AT:

- Inclusion of AT in classroom instruction
- Student and staff training
- Equipment management

Implementation plans should address operational, functional, strategic, and social skills needed to use AT successfully and should include criteria for determining success/need for change. For accountability and compliance, teams/schools are to follow the plan – documenting AT use and IEP goal progress.

Follow Up

Data is to be reviewed periodically. This happens at the student's annual IEP team meeting and/or when requested by a team member. Having data on the student's use of the AT is essential in determining the continued need and effective use of specific AT. It is used to determine if the AT is assisting the student in meeting IEP goals and accessing a Free and Appropriate Public Education. Data can also be used to improve AT implementation and determine needed changes.

Teams use the SETT framework to "ReSETT" or look again at the student's current abilities, needs, environments, tasks, and tools. The *SETT Scaffold for Gathering Data* (https://www.joyzabala.com/_files/ugd/70c4a3_3365497509924c368e45088e6b99dec7.pdf) helps teams collect this needed information.

Schools develop a contingency plan to ensure a student has access to the AT tool or system in the event the primary AT malfunctions and/or services need to be provided remotely.

Note: *Adapt/Modify/Create your own resources for documentation as determined appropriate by the team/district. If using existing resources with a citation, please maintain all citations. Contact Oklahoma ABLE Tech for assistance at okabletech.org.*

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.

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 will this student use the AT device to do?
- What specific skills will the student need to learn?

Device Name	Operational Skills (Ex. operating and accessing a device)	Functional Skills (Ex. writing, comprehension expressive language)	Strategic Skills (Ex. deciding when to use a 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?

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	Training/ 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

Assistive Technology and Transition

Canfield, T & Reed, P. (2001)

Wisconsin Assistive Technology Initiative
800 Algoma Blvd.
Oshkosh, WI 54901
(920)424-2247

Acknowledgement

Assistive Technology and Transition

Introduction

The Individuals with Disabilities Education Act mandates the provision of both assistive technology services and transition services for students with disabilities. When a student with a disability requires assistive technology in order to accomplish one or more functional skills, the use of that assistive technology must be included in effective transition planning. The forms in this packet have been specifically designed to assist the student's team in coordinating and managing that planning.

Procedure Guide for Assistive Technology and Transition Planning
This form lays out the sequence of steps involved in using each of the forms. It includes a time line that begins at age 14 or before and ends with graduation.

Assistive Technology Protocol for Transition Planning
This form was developed by Noll, Schwartz, and Canfield (2001) through a grant from the Wisconsin Department of Public Instruction to CESA 11. It is designed to provide the transition team with specific questions that will help them determine if additional assistive technology may be needed in a future environment. It focuses on practical activities and provides a variety of assistive technology solutions. It is included in this packet with permission of the authors.

Student Information Guide for Self Determination and Assistive Technology Management
Throughout the research on transition, the need for self determination is repeatedly identified as a critical component of success. Recent research about assistive technology and transition confirms its importance in continued use of the assistive technology after transition out of high school takes place. This form provides a tool for the team to use in helping the student develop critical self determination and assistive technology management skills. It includes sections on Problem Solving Skills, communication Skills, AT Devise Specific Skills, AT Management Skills, and Goal Setting Skills.

AT Goal Setting Worksheet
This simple form is to give to the student to help him or her think about and plan for the acquisition of specific self determination and assistive technology management skills. It can be used in conjunction with the Student Information Guide for Self Determination and AT Management or the AT Protocol for Transition Planning.

Assistive Technology Planning Guide for Transition
This page is a guide to be used during a Transition Planning meeting. It will help the team move through a decision making process. It provides specific cues at each step of the process to insure that necessary information is considered. It is not intended that you write on this page, but rather that you write information up on a board or chart so that all team members can see it.

Student Portfolio for Successful Transition with Assistive Technology
This series of forms is intended to be completed and the placed in a portfolio that the student will take with him or her upon graduation. Information can be added to it during the last three to four years in school. The intent of this section is to have all necessary in one, easily identifiable place for the individual or his or her family when questions or concerns about the assistive technology surface.

Individual forms included in the Portfolio section:
- **Student's Identifying Information**
- **Student's Documentation**-Recent IEP(s), Assessment Reports, Documentation of Successful accommodations/modification/assistive technology, Documentation of AT Self Determination Skills, Record of eligibility for DVR (if appropriate),
- **Assistive Technology Information**
- **Assistive Technology Emergency Plan**
- **Transition Resources**

Procedure Guide for
Assistive Technology and Transition Planning

At Age 14 or Before:
- Review contents of the *AT and Transition Planning Kit*
- Using the *Assistive Technology Protocol for Transition Planning*, the IEP team (including the parent and student) should review each of the content areas of the Protocol (Daily Living, Transportation, Tolerance of school day/work day, Mobility, Communication, Computer Access, and Literacy) and determine any areas that are of concern or skills that need to be improved.
- Using the *Student Information Guide for Self Determination and Assistive Technology Management*, note which skills are Never Demonstrated, Demonstrated with Assistance, or Demonstrated Independently. Identify skills that need to be developed or improved.
- Using the *AT Goal Setting Worksheet*, discuss the importance of the content with the student. Facilitate the student's identification of goals of interest to him or her.

Each Year at IEP Review
- Repeat the above steps as needed for effective planning. Include in the IEP any skills identified using the *AT Protocol for Transition Planning* and/or the *Student Information Guide for Self Determination and AT Management.*
- Encourage the student to gradually assume more responsibility for participating in and eventually leading the meeting.
- If team decisions need to be made about assistive technology use or other aspects of transition, follow the decision making process taught by the WATI, using the previously mentioned tools to gather information and the *AT Planning Guide for Transition* to guide the team through the decision making process.

At Age 17
- Work with the student to begin completing and compiling the necessary documents for the *Student Portfolio for Successful Transition with Assistive Technology*. Place documents in the *Portfolio* and check them off on the Contents list.

Prior to Graduation
- Check the contents of the *Portfolio*, adding anything that is missing and updating or deleting outdated information.
- Review the contents of the *Portfolio* with the student and his/her parent or guardian, if appropriate.
- Turn the *Portfolio* over to the student (or the students parent or guardian, if necessary).

Assistive Technology Protocol for Transition Planning

Name: _____
Date of Birth: _____ **Age:** _____
Grade: _____

Person Completing Report: _____
Date of Report: _____
Expected Date of Graduation: _____

❖**Purpose**

The purpose of this protocol is to review the student's assistive technology needs when transition planning.

❖**Ratings**

In each of the following functional areas, determine if the student has any limitations. If limitations do exist, answer the questions regarding

the student's capacities. Consider their abilities with & without assistive technology.

❖**Please Read and Consider Each Item**

Any **NO** answer is a red flag that the student may confront significant barriers during their transition process. However, these are minimum standards.
Even with a **YES** rating, there may still be a benefit from using assistive technology for this function.
Next, consider the examples of types of assistive technology that might be used to address these barriers.

DAILY LIVING

DAILY LIVING ACTIVITIES
Can the student independently..

Yes	No	Eat?
Yes	No	Prepare food?
Yes	No	Do laundry?
Yes	No	Groom and take care of hygiene?
Yes	No	Perform housekeeping activities?
Yes	No	Manage time and follow a schedule?

DAILY LIVING ADAPTATIONS	Not applicable	Possibly could use	Using but could be improved	Using independently
Dressing Aids				
Adaptive Clothing				
Adaptive Kitchen Utensils and Dishes				
Roll-in Shower				
Adaptive Hygiene Devices				
Environmental Controls				
Adaptive Grooming Tools				
Adaptive Appliances				
Reachers/Grabbers/Low Tech Aids				
Assistive Time Devices				
Assistive Memory Devices				
Electronic Organizers/Day Planners				
Emergency Response Systems				
Alarm System				
Adaptive Positioning & Seating Devices				
Adaptive Mobility Devices				
Adaptive Bathing Devices				
Color Coded Items (for easier locating & identifying)				
Other				

Comments:

TRANSPORTATION

TRANSPORTATION ACTIVITIES
Can the student...

Yes	No	Drive?
Yes	No	Get in/out of any vehicle to be a passenger?
Yes	No	Transfer into vehicle and load mobility device?
Yes	No	Get into vehicle with ramp or lift?
Yes	No	Independently arrange transportation?
Yes	No	Independently utilize public transportation?

TRANSPORTATION ADAPTATIONS	Not applicable	Possibly could use	Using but could be improved	Using independently
Adaptive Driving Equipment				
Car Top or Bumper Carrier for Mobility Device				
Van with Ramp or Lift				
Other				

Comments:

TOLERANCE

TOLERANCE
(to school/community/work environment)
Can the student...

Yes	No	Physically tolerate full day school / work?
Yes	No	Emotionally tolerate full day school / work?
Yes	No	Medically tolerate full day school / work?
Yes	No	Environmentally tolerate full day school / work? (allergies, sensitivities to the environment, etc.)

TOLERANCE ADAPTATIONS	Not applicable	Possibly could use	Using but could be improved	Using Independently
Distance Learning				
Adaptive Seating and Positioning				
Electronic Communication				
Organizers / Day Planners				
Other				

Comments:

M O B I L I T Y

MOBILITY ACTIVITIES
Can the student independently..

Yes	No	
Yes	No	Navigate at a reasonable pace?
Yes	No	Navigate outside on varied terrain(i.e.,college campus)
Yes	No	Tolerate and be mobile at this pace to 3 city blocks?
Yes	No	Carry a 5-pound backpack while being mobile?
Yes	No	Operate controls to activate community building access devices? (i.e., electronic doors, elevator, walk light)

MOBILITY ADAPTATIONS	Not applicable	Possibly could use	Using but could be improved	Using independently
Power Wheelchair				
Manual Wheelchair				
Powered Scooter				
Walker				
Cane/Crutches				
Grab Rails				
Environment Controls				
Other				

Comments:

C O M M U N I C A T I O N

ORAL COMMUNICATION ACTIVITIES
Can the student...

Yes	No	
Yes	No	Communicate wants & needs to non-familiar communication partner?
Yes	No	Independently operate a telephone?
Yes	No	Independently communicate with non-familiar person on the telephone?
Yes	No	Understand and remember simple verbal instructions?
Yes	No	Understand and remember complex verbal instructions?

COMMUNICATION ADAPTATIONS	Not applicable	Possibly could use	Using but could be improved	Using independently
Eye-Gaze Board				
Picture or Spelling Board				
Electronic Voice Output Device				
Computer-Based Speech Device				
Adaptive Telephone				
Adaptive Writing Devices				
Laptop Computer				
TTY				
Relay System				
Voice Output Reminders				
Electronic Organizers				
Others				

Comments:

C O M P U T E R   A C C E S S

COMPUTER ACCESS ACTIVITIES
Can the student independently..

Yes	No	
Yes	No	Perform manipulative tasks (includes turning computer on/off, entering data, operating mouse, handling paper in an efficient manner?
Yes	No	Access the Internet?
Yes	No	Control the cursor?
Yes	No	See the computer screen?
Yes	No	Manage the keyboard?

COMPUTER ADAPTATIONS	Not applicable	Possibly could use	Using but could be improved	Using independently
Keyboard/Built-in Adjustments				
Alternate Keyboard				
On-Screen Keyboard				
Arm Rests/Adjustable Work Station				
Alternate Mouse Function				
Productivity Enhancement Software				
Voice Input				
Voice Output				
Morse Code				
Switch Operator/scanning				
Braille Writer				
Screen Adaptations				
Other				

Comments:

L I T E R A C Y

LITERACY ACTIVITIES
Can the student...

Yes	No	
Yes	No	Manipulate books and newspapers to read independently?
Yes	No	Comprehend print materials prepared for general public?
Yes	No	See text to read it?
Yes	No	Physically produce written information?
Yes	No	Communicate ideas in a written format at their expected level of proficiency?

LITERACY ADAPTATIONS	Not applicable	Possibly could use	Using but could be improved	Using independently
Page Turner/Book Holder				
Scanning/Optical Character Recogn.				
Picture Texts and Instructions				
Voice Output				
Highlighted Text/Enlarged Text				
Recorded Materials				
Organization Aids				
Talking Word Processor				
Computerized Text Adaptations				
Productivity Enhancement Software				
Signature Stamp				
Electronic Organizers (i.e. palm computers)				
Hand-Held Text Readers & Scanners				
Other				

Comments:

Wisconsin Assistive Technology Initiative

Student Information Guide for
Self Determination and Assistive Technology Management

Name:_____ Date:_____

Assistive Technology Currently Being Used:_____

(Complete a separate checklist for each type of assistive technology, especially if student has varying skill levels associated with specific assistive technology.)

Skill Demonstration:	Never	With Assistance	Independent	N/A
PROBLEM SOLVING SKILLS				
Student is able to:				
understand and explain strengths and weaknesses				
differentiate wants and needs				
make choices				
consider multiple options and consequences				
identify and contact resources such as social services, consultants and therapists				
understand legal rights and how and when to obtain those rights				
persevere when others don't follow through				
COMMUNICATION SKILLS				
Student is able to:				
initiate communication				
request clarification and information				
ask for assistance (when, where, who, and what to say)				
communicate clear messages				
explain the disability, and needed accommodations				
check for listener's understanding				
successfully repair communication breakdowns				
access and use phone				
access and use internet/written communication				

Skill Demonstration:	Never	With Assistance	Independent	N/A

AT DEVICE SPECIFIC SKILLS

Student is able to:

set up the AT hardware or software

tell another how to set up the AT

identify environmental accommodations needed
   to use the device

turn on/off options as needed

program the device and back up, if needed

request new features, set ups, options,
   messages, etc.

determine when usage of AT is not
   appropriate or needed

determine when different AT may be needed

obtain supplies needed for AT device
   (batteries, tapes, etc...)

utilize low tech/no tech back up for AT

AT MANAGEMENT SKILLS

Student is able to:

recognize when AT is malfunctioning

trouble shoot simple problems

identify sources of technical assistance/repair

contact sources of technical assistance/repair

ship/take AT to source of repair

identify sources of funding for repair

apply for/request funding assistance

request/obtain back up for AT during repair

access and use emergency backup plan when
   device is not available

GOAL SETTING SKILLS:

Student is able to:

set realistic goals for himself/herself in general

set realistic goals for use of assistive technology

follow through on goals when set

monitor progress toward goal(s)

reflect on and evaluate progress toward goal(s)

lead a discussion about goals

Wisconsin Assistive Technology Initiative
AT GOAL SETTING WORKSHEET

Name:_____**Date:**_____
_

Directions: As the user of AT, it is important that you be able to tell others about yourself and your AT. It is also important to plan for the future. Please think about the skills below and use them to develop goals that will help you become an independent adult. There are other goals besides these, but these will help you get started.

As an adult I will need to be able to:
* tell people about my disability
* identify things that help me
* ask for help when needed
* set up and operate my AT equipment

As an adult, I will need to know:
* my legal rights
* where information about my AT is kept
* service agencies that can help me after I graduate
* how my AT is paid for
* where to go for help with my AT
* what to do when my AT breaks down
* where to get my AT repaired

Goal 1:_____

_____

_____

Goal 2:_____

_____

_____

Goal 3:_____

_____

Student Portfolio for
Successful Transition with
Assistive Technology

PORTFOLIO CONTENTS:

- **Section I: Student Identifying information**

- **Section II: Documentation**

- **Section III: Assistive technology information**

- **Section IV: Assistive technology emergency backup plan**

- **Section V: Transition Resources**

Note: Forms are included for these sections. Make as many copies of the individual forms as needed to meet the student's needs.

STUDENT'S IDENTIFYING INFORMATION

Name: _____

Address: _____

        _____

Phone: (_____)_____

Social Security: __ ___ ___ - ___ __ - ___ ___ ___ ___

Parents or Guardian: _____

Address: _____

Phone: (_____)_____

E-mail: _____

Education History:

Miscellaneous Information:

Wisconsin Assistive Technology Initiative
STUDENT'S DOCUMENTATION

This section should contain documentation of disability and necessary accommodations including AT such as:

- ◆ **Recent IEP(s)**

- ◆ **Assessment Reports**

- ◆ **Documentation of successful accommodations/ modifications/AT**

- ◆ **Documentation of AT Self Determination Skills**

- ◆ **Record of eligibility for DVR if appropriate**

- ◆ **Other relevant documentation: _____**

  _____

Wisconsin Assistive Technology Initiative
ASSISTIVE TECHNOLOGY INFORMATION

Device: _____

Purpose of Device: _____

_____

_____

Where Obtained: (Vendor)_____

(Vendor
Address):_____

(Vendor Phone): _____ _____

(Vendor e-mail):_____

Cost: _____

How was device paid for?
_____

Maintenance Requirements/Information: _____

_____

_____

Source of training: _____

WISCONSIN ASSISTIVE TECHNOLOGY INITIATIVE

ASSISTIVE TECHNOLOGY EMERGENCY PLAN

Device: _____

Basic Maintenance Required:

_____

_____

_____

Vendor/Source of Maintenance:
(Name/Company)_____
(Phone)_____
(Address)_____
(Technical Assistance phone number)_____
(Technical Assistance email)_____

Case Manager or AT Consultant that can help with arrangements:
(Name)_____
(Phone)_____
(e-mail)_____

Source for loaner equipment:
(Agency)_____
(Phone)_____

Things can I do until my AT is repaired or replaced:
(e.g. use old AT I still have stored away, use low tech substitute (describe), have someone create/make low tech substitute (name who could do that), etc.)

    1. _____

    2. _____

    3. _____

4. _____

5. _____

Wisconsin Assistive Technology Initiative
TRANSITION RESOURCES

Agencies (Include Names, Addresses, Phone, E-mail):

County System Responsible (Social services/Case manager):

_____

_____

_____

_____

I am eligible for the following Programs (e.g., Family Support, CIP, Katie Beckett, DVR):

_____

_____

_____

_____

_____

_____

I am on a waiting list for the following Programs:

_____

_____

_____

_____

Assistive Technology Consultant(s)/Centers

_____

_____

_____

_____

Equipment Loan Resources

_____

_____

_____

Vendor (s):

_____

_____

AGREEMENT FOR THE PURCHASE/SALE OR STATEMENT DECLINING THE SALE OF ASSISTIVE TECHNOLOGY DEVICES

BY OKLAHOMA SCHOOL DISTRICTS/PUBLIC AGENCIES

Statement of Purpose for Agreement

The school districts and public agencies that are signatories to the agreement, hereinafter referred to as "the Parties," recognize the need for continued use of assistive technology devices that were originally purchased for individual students when the student moves from one school district to another or transitioning to other public agency service systems.

As a result, the parties hereby agree to the continued use of such devices by the student when the student changes school districts or transitions to other public agency service systems. Such continued use can be through one of the following methods: (a) by transfer or sale of the devices by the school district or agency to the student's new school district; (b) by the transfer or sale of the devices by the school district or agency to the student or the student's parents or legal guardians; or (c) by any other legal means that are acceptable to the student, and the parties to the agreement.

The parties further agree that in the event of a transfer or sale of assistive technology devices, they may use the "Agreement for the Purchase/Sale or Statement Declining the Sale of Assistive Technology Devices by Oklahoma School Districts and Public Agencies."

All transfers or sales of assistive technology devices will be made according to applicable state and federal law, rules, and regulations.

Agreement for the Purchase/Sale or Statement Declining the Sale of Assistive Technology Devices by Oklahoma School Districts/Public Agencies.

Check Appropriate Box:

Purchase/Sales agreement, between school districts or between a school district and a public agency or parents. If box is checked, complete **Section A**.

Declining sales of assistive technology devices(s). If box is checked, complete **Section B.**

SECTION A

Name of school district or public agency:

agrees to sell "as is" the assistive technology device(s).

Device described by: Purchasing School District   Public Agency   Person

To be used by child/client name:

Device name and description:

Price of device(s):

Price set by: Appraisal   Current Market Value   Other*

*If checked other, please explain:

Price determined by calculations as set forth in the Addendum.

Name of school district or public agency:

is not liable for any nonconformities in the device(s) after it is purchased by the individual's new school district, agency or parent/individual person.

<div style="border:1px solid black; height:40px;"></div>

Signature of superintendent or authorized official of district or public agency selling assistive technology

Date:

<div style="border:1px solid black; height:40px;"></div>

Signature of superintendent or authorized official of district or public agency, or person purchasing assistive technology

Date:

SECTION B

Name of school district or public agency:

declines to sell the assistive technology device(s).

Requested by name of school district, public agency, or person:

on date:

for the following reasons:

      The assistive technology device is currently being used by another child (children)(client(s).

      The assistive technology device is a "general use" device and is not available for sale. It has been/is being modified for other children/clients.

      Other*

*If checked other, please explain:

<div style="border:1px solid black; height:40px;"></div>

Signature of superintendent or authorized official of district or public agency

Date: