Wisconsin Assistive Technology Initiative
Student Information Guide

The following questions are intended as a guide, providing the users with specific information and ideas on pertinent areas to consider in gathering information about the student as part of an assessment of a student’s need for assistive technology. This guide may be used with more formal tests or as a way to summarize information already gained from formal testing, file reviews, interviews, and other information sources.

Student’s name:____________________________ BD:__________ Age:______ID#__________

School:______________________ Grade:_____School Contact Person:____________________

School phone:_________ Persons completing guide:_________________________________

Parents name:___________________Address:_____________________Phone:______________

Disability: (Check all that apply)
☐ Speech/Language ☐ Other Health Impairment ☐ Hearing Impairment
☐ Cognitive Disability ☐ Autism ☐ Vision Impairment
☐ Traumatic Brain Injury ☐ Learning Disability ☐ Emotional Disturbance
☐ Orthopedic Impairment, Type:___________________________________________________

Current Placement:
☐ Birth-3 ☐ Early Childhood ☐ Elementary
☐ Middle School ☐ Secondary ☐ Transition to post Second.

Classroom Setting:
☐ Regular Ed. Classroom ☐ Resource Room ☐ Self Contained

Current Related Services Received:
☐ Occupational Therapy ☐ Physical Therapy ☐ Other:______________________________

Medical considerations: ( Check all that apply)
☐ History of seizures ☐ On medication for seizure control
☐ Has degenerative medical condition ☐ Has frequent pain
☐ Has multiple health problems ☐ Has frequent upper respiratory. infections
☐ Has frequent ear infections ☐ Has digestive problems
☐ Fatigues easily ☐ Currently taking medication for:______________
☐ Other: describe briefly:________________________________________________________
_____________________________________________________________________________
Assistive Technology Currently Used: (Check all that apply)

- Manual Communication Board
- Augmentative Communication Device w/ voice
- Low Tech Vision Aids
- Computer with Screen Enlargement
- Computer with Voice Output
- Computer with BraILLE Output
- Computer with Word Prediction
- Amplification systems
- Manual wheelchair
- Power wheelchair
- Environmental Control Unit
- Writing aids

Other: ______________________________________

Please describe the assistive technology that has been previously tried, the length of time you tried each, and the outcome (how did it work, or why do you think it didn’t work).

<table>
<thead>
<tr>
<th>Assistive Technology</th>
<th>Length of trial</th>
<th>Outcome</th>
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</tbody>
</table>

Now, select the sections that best reflect the areas of concern for this student, and turn to those pages for additional questions. (Check all that apply)

- Mechanics of Writing .......................... Page 3
- Fine Motor related to Computer Access ........ Page 4
- Composing Written Material ................. Page 6
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- Hearing ....................................... Page 18
Mechanics of Writing

1. **Current writing ability:** (Check all that apply)
   - [x] Can hold regular pencil
   - [x] Can copy simple shapes
   - [ ] Can hold pencil when adapted with: ____________
   - [x] Can copy simple words
   - [ ] Holds pencil, but does not write
   - [x] Can copy from board
   - [ ] Can print a few words
   - [x] Can print on 1” lines
   - [ ] Can print name
   - [ ] Can write independently and legibly
   - [ ] Can write on narrow lines
   - [ ] Can write on 1” lines
   - [ ] Can write cursive
   - [ ] Can use spacing correctly
   - [ ] Can write cursive
   - [ ] Can write independently and legibly
   - [ ] Writing is limited due to fatigue
   - [ ] Writing is slow and arduous
   - [ ] Can size writing to fit spaces

2. **Assistive technology used:** (Check all that apply)
   - [ ] Paper with heavier lines
   - [ ] Paper with raised lines
   - [x] Pencil grip
   - [ ] Special pencil or marker
   - [ ] Splint or pencil holder
   - [ ] Typewriter
   - [ ] Computer
   - [ ] Other: _______________________________________

3. **Current keyboarding ability:** (Check all that apply)
   - [ ] Does not currently type
   - [ ] Can activate desired key on command
   - [ ] Can type slowly, with one finger
   - [x] Can type slowly, with more than one finger
   - [ ] Accidentally hits unwanted keys
   - [ ] Can perform 10 finger typing
   - [ ] Requires arm or wrist support to type
   - [ ] Can access keyboard with head or mouthstick
   - [ ] Uses mini keyboard to reduce fatigue
   - [ ] Uses switch to access computer
   - [ ] Uses Touch Window
   - [ ] Uses alternative keyboard
   - [ ] Uses Morse code to access computer
   - [ ] Uses adapted or alternate keyboard, such as: ___________________________
   - [ ] Other: __________________________________________

4. **Computer use:** (Check all that apply)
   - [ ] Has never used a computer
   - [ ] Uses computer at school
   - [ ] Uses computer at home
   - [ ] Uses computer for games
   - [ ] Uses computer for word processing
   - [ ] Uses computer’s spell checker
   - [ ] Uses computer for a variety of purposes, such as: ___________________________
   - [ ] Has potential to use computer but has not used a computer because: __________________________

5. **Computer availability:** The student has access to the following computer(s):
   - [ ] DOS
   - [ ] Windows
   - [ ] Macintosh
   - [ ] Apple II
   - [ ] The student uses a computer:
     - [ ] Rarely
     - [ ] Frequently
     - [ ] Daily for one or more subjects or periods
     - [ ] Every day, all day.

**Summary of student’s abilities and concerns related to writing:** __________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________
Fine Motor related to Computer (or Device) Access

1. **Current fine motor abilities:** Observe the student using paper and pencil, typewriter, computer, switch, etc. Look at the movements as well as the activities and situations. Does the student have voluntary, isolated, controlled movements using: (Check all that apply)

- ☐ Left hand
- ☐ Right hand
- ☐ Eye(s)
- ☐ Left arm
- ☐ Right arm
- ☐ Head
- ☐ Left leg
- ☐ Right leg
- ☐ Mouth
- ☐ Left foot
- ☐ Right foot
- ☐ Tongue
- ☐ Finger(s)
- ☐ Eyebrows
- ☐ Other: ____________

Describe briefly the activities/situations observed: ____________________________________________  
______________________________  
______________________________  

2. **Range of motion:** Student has specific limitations to range: ☐ Yes ☐ No  Describe the specific range in which the student has the most motor control: ____________________________________________  
______________________________  
______________________________  

3. **Abnormal reflexes and muscle tone:** Student has abnormal reflexes or abnormal muscle tone: ☐ Yes ☐ No  Describe briefly any abnormal reflex patterns or patterns of low or high muscle tone which may interfere with the student’s voluntary motor control:  ________________  
______________________________  
______________________________  

4. **Accuracy:** Student has difficulty with accuracy: ☐ Yes ☐ No  Describe how accurate, reliable and consistent the student is in performing a particular fine motor task:  ________________  
______________________________  

5. **Fatigue:** Student fatigues easily: ☐ Yes ☐ No  Describe how easily the student becomes fatigued:  ________________  
______________________________  
______________________________
6. **Assisted direct selection:** What type of assistance for direct selection has been tried? (Check all that apply)

- Keyguard
- Head pointer/stick, mouth/chin stick
- Pointers, hand grips, splints etc.
- Light beam/laser
- Other: __________________________

Describe which seemed to work the best and why: __________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

7. **Size of grid student is able to access:**
What is the smallest square the student can accurately access: ☐ 1” ☐ 2” ☐ 3” ☐ 4”
What is the optimal size grid? Size of square:_____
   Number of squares across_______
   Number of squares down_______

8. **Scanning:** If student cannot direct select, does the student use scanning?
- No
- Yes, if yes: ☐ Step ☐ Automatic ☐ Inverse ☐ Other:_______________

Preferred control site (body site): __________________________________________________
Other possible control sites: ___________________________________________________________
_____________________________________________________________________________________

9. **Type of switch:** The following switches have been tried: (Check all that apply) Then Circle the one or two that seemed to work the best.

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

Summary of student’s abilities and concerns related to computer/device access:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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Wisconsin Assistive Technology Initiative (2000)
Composing Written Material

1. Student's present writing is typically: (Check all that apply.)
   - Single words
   - Short phrases
   - Complex phrase
   - Sentences
   - Other: ______________________

2. Student currently has difficulty: (Check all that apply.)
   - Answering questions
   - Getting started on a sentence or story
   - Adding information to a topic
   - Sequencing information
   - Integrating info. from two or more sources
   - Relating information to specific topics
   - Determining when to begin a new paragraph
   - Other: ______________________

3. Student currently utilizes the following strategies for composing written materials:
   (Check all that apply.)
   - Story starters
   - Preset choices or plot twists
   - Templates to provide the format or structure (both paper and electronic)
   - Templates to provide the format or structure
   - Other: ______________________

4. Currently utilizes the following aids/assistive technology for composing written materials:
   (Check all that apply.)
   - Word cards
   - Word book
   - Word wall/word lists
   - Dictionary
   - Electronic dictionary/spell checker
   - Speaking electronic dictionary/spell checker
   - 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: ______________________

5. Summary of student's abilities and concerns related to composing written materials:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Wisconsin Assistive Technology Initiative (2000)
Communication

1. **Student’s present means of communication:** (Check all that are used, then **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 (# signs__________, # combinations__________, # signs in a combination _________)
   - ☐ Vocalizations, list examples:____________________________________________________
   - ☐ Vowels, vowel combinations, list :_______________________________________________
   - ☐ Single words, list examples & approx. #:__________________________________________
   - ☐ Reliable no
   - ☐ Reliable yes
   - ☐ 2-word utterances
   - ☐ 3-word utterances
   - ☐ Semi intelligible speech, estimate % intelligible:___________
   - ☐ Communication board: ☐ tangibles, ☐ pictures, ☐ combination pictures/words, ☐ words
   - ☐ Voice output AC device (name of device):________________________________________
   - ☐ Intelligible speech
   - ☐ Writing
   - ☐ Other:______________________________________________________________________

2. **Who understands student’s communication attempts:** (Check best descriptor)
   - Strangers ☐ Most of the time ☐ Part of the time ☐ Rarely ☐ Not Applicable
   - Teachers/therapists ☐ Most of the time ☐ Part of the time ☐ Rarely ☐ Not Applicable
   - Peers ☐ Most of the time ☐ Part of the time ☐ Rarely ☐ Not Applicable
   - Siblings ☐ Most of the time ☐ Part of the time ☐ Rarely ☐ Not Applicable
   - Parent/Guardian ☐ Most of the time ☐ Part of the time ☐ Rarely ☐ Not Applicable

3. **Current level of receptive language:**
   - Age approximation: _______
   - If formal tests used, name and scores:_____________________________________________
   - If formal testing 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 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

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Frequently</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turns toward speaker</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Interacts with peers</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Aware of listener’s attention</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Initiates interaction</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Asks questions</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
</tr>
<tr>
<td>Responds to communication interaction</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Requests clarification from communication partner</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
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<td>Repairs communication breakdown</td>
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<tr>
<td>Requires frequent verbal prompts</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Requires frequent physical prompts</td>
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<td>☐</td>
</tr>
</tbody>
</table>

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

6. Child’s needs related to devices/systems: (Check all that apply)
☐ Child walks  ☐ Child uses wheelchair  ☐ Child can carry device under 2 pounds
☐ Child drops or throws things frequently  ☐ Child needs digitized (human) speech
☐ Child needs device w/large number of words or phrases  ☐ Other:___________________________
7. Pre-reading and reading skills related to communication:
☐ Yes ☐ No Object/picture recognition
☐ Yes ☐ No Symbol recognition (tactile, Mayer-Johnson, Rebus, etc.)
☐ Yes ☐ No Auditory discrimination of sounds
☐ Yes ☐ No Auditory discrimination of words, phrases
☐ Yes ☐ No Selects initial letter of word
☐ Yes ☐ No Follows simple directions
☐ Yes ☐ No Sight word recognition
☐ Yes ☐ No Can put two symbols or words together to express an idea

8. Visual abilities related to communication: (Check all that apply)
☐ Can maintain fixation on stationary object ☐ Can look to right & left without moving head
☐ Can scan line of symbols left to right ☐ Can scan matrix of symbols in a grid
☐ Visually recognizes people ☐ Visually recognizes common objects
☐ Visually recognizes photographs ☐ Visually recognizes symbols or pictures
☐ Needs additional space around symbol ☐ Can visually shift horizontally
☐ Can visually shift vertically ☐ Can recognize line drawings

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

What size symbols or pictures are preferred? ___________________________________________

What line thickness of symbols are preferred? _______ inches

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

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

Summary of student’s abilities and concerns related to communication: __________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Reading

1. Grade level: Student is placed in grade:______. Student reads at _____ grade level.
   If formal tests used, name and scores:___________________________________________
   If formal testing not used, please give an approximate estimate of functioning and explain:
   ___________________________________________________________________________
   ___________________________________________________________________________

   Cognitive ability in general: □ Significantly below average □ Below average
   □ Average □ Above average

2. Difficulty: Student has difficulty decoding the following: (Check all that apply.)
   □ Worksheets □ Reading Textbook □ Subject Area Textbooks □ Tests
   Student has difficulty comprehending the following: (Check all that apply)
   □ Worksheets □ Reading Textbook □ Subject Area Textbooks □ Tests

4. Student’s performance is improved by: (Check all that apply)
   □ Smaller amount of text on page □ Enlarged print
   □ Lowered reading level □ Graphics to communicate ideas
   □ Bold type for main ideas □ Reduced length of assignment
   □ Spoken text to accompany print □ Other:________________________________________

5. Reading assistance used: Please describe the non-technology based strategies and
   accommodations that have been used with this student: _____________________________
   ___________________________________________________________________________

6. Assistive technology used: The following have been tried: (Check all that apply)
   □ Highlighter, marker, template, or other self-help aid
   □ Tape recorder, taped text, or Talking Books to “read along”
   □ Talking dictionary (e.g. Franklin Speaking Language Master) to pronounce single words
   □ Computer with word processing with spell checker
   □ Computer with talking word processing software to:
     □ pronounce words, □ speak sentences, □ speak paragraphs.

7. Computer availability and use: The student has access to the following computer:
   □ Windows □ Apple □ Macintosh. The student uses a computer □ Rarely
   □ Frequently □ Daily for one or more subjects or periods □ Every day, all day

Summary of student’s abilities and concerns related to reading:_____________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
Learning and Studying

1. **What difficulties does the student have in Learning new material or studying:** (Check all that apply.)
   - Remembering assignments
   - Remembering steps of tasks or assignments
   - Finding place in textbooks
   - Taking notes during lectures
   - Reviewing notes from lectures
   - Organizing information/notes
   - Organizing materials for a report or paper
   - Turning in assignments
   - Other: __________________________________________________

2. **Strategies used. Please describe any adaptations or strategies that have been used to help this students with learning and studying:**
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

3. **Assistive technology tried:** (Check all that apply.)
   - Print or picture schedule
   - Low tech aids to find materials (e.g. index tabs, color coded folders)
   - Highlighting text (e.g. markers, highlight tape, ruler)
   - Recorded material
   - Voice output reminders for assignments, steps of task, etc.
   - Electronic organizers
   - Pagers/electronic reminders
   - Single word scanners
   - Software for manipulation of objects/concept development
   - Software for organization of ideas and studying
   - Palm computers
   - Other: ____________________________________________________

4. **Summary of student's abilities and concerns in the area of learning and studying:**
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
Math

1. **Student has difficulty with the following:** (Please check all that apply.)
   - [ ] Legibly writing numerals
   - [ ] Understanding math related language
   - [ ] Understanding meaning of numbers
   - [ ] Understanding place values
   - [ ] Completing simple addition and subtraction
   - [ ] Completing multiplication and division
   - [ ] Completing complex addition and subtraction
   - [ ] Understanding units of measurement
   - [ ] Understanding tables and graphs
   - [ ] Creating tables and graphs
   - [ ] Understanding Fractions
   - [ ] Working with Fractions
   - [ ] Converting to mixed numbers
   - [ ] Understanding decimals/percent
   - [ ] Solving story problems
   - [ ] Understanding Geometry
   - [ ] Graphing
   - [ ] Understanding and use of formulas
   - [ ] Checking work
   - [ ] Other: _________________________

2. **Strategies Used:** Please describe strategies that have been used to help:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

3. **Assistive technology tried:** (Please check all that have been tried.)
   - [ ] Abacus
   - [ ] Math line
   - [ ] Enlarged math worksheets
   - [ ] Low tech alternatives for answering
   - [ ] Math "Smart Chart"
   - [ ] Money calculator & Coinulator
   - [ ] Tactile/voice output measuring devices
   - [ ] Talking watches/clocks
   - [ ] Calculator/Calculator with print out
   - [ ] Calculator with large keys and/or large display
   - [ ] Talking calculator
   - [ ] Calculator with special features (e.g. easy fraction translation, temperature conversion)
   - [ ] On screen calculator
   - [ ] Scanning calculator
   - [ ] Alternative keyboards (e.g., IntelliKeys)
   - [ ] Software with cueing for math computation
   - [ ] Software for manipulation of objects (e.g. Talking Math software)
   - [ ] Voice recognition software
   - [ ] Other: _________________________

4. **Summary of student's abilities and concerns related to math:**

______________________________________________________________________________
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______________________________________________________________________________
# Recreation & Leisure

1. **What are the difficulties which the student experiences in participating in Recreation and Leisure?** (Check all that apply.)

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Understanding cause and effect</td>
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<tr>
<td>Following complex directions</td>
<td>☐</td>
</tr>
<tr>
<td>Understanding turn taking</td>
<td>☐</td>
</tr>
<tr>
<td>Communicating with others</td>
<td>☐</td>
</tr>
<tr>
<td>Handling/manipulating objects</td>
<td>☐</td>
</tr>
<tr>
<td>Hearing others</td>
<td>☐</td>
</tr>
<tr>
<td>Throwing/catching objects</td>
<td>☐</td>
</tr>
<tr>
<td>Seeing equipment or materials</td>
<td>☐</td>
</tr>
<tr>
<td>Understanding rules</td>
<td>☐</td>
</tr>
<tr>
<td>Operating TV, VCR, etc.</td>
<td>☐</td>
</tr>
<tr>
<td>Waiting for his/her turn</td>
<td>☐</td>
</tr>
<tr>
<td>Operating a computer</td>
<td>☐</td>
</tr>
<tr>
<td>Following simple directions</td>
<td>☐</td>
</tr>
<tr>
<td>Other: __________________________</td>
<td>☐</td>
</tr>
</tbody>
</table>

2. **What activities does the student especially enjoy?**

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

3. **What adaptations have you tried to enhance participation in recreation and leisure?**

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

How did they help? ____________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

4. **What assistive technology, if any, have you tried?** (Check all that apply.)

<table>
<thead>
<tr>
<th>Technology</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toys adapted with Velcro™, magnets, handles, etc.</td>
<td>☐</td>
</tr>
<tr>
<td>Toys adapted for single switch operation</td>
<td>☐</td>
</tr>
<tr>
<td>Adaptive sporting equipment, such as lighted or beeping ball</td>
<td>☐</td>
</tr>
<tr>
<td>Universal cuff or strap to hold crayons, markers, etc.</td>
<td>☐</td>
</tr>
<tr>
<td>Modified utensils, e.g. rubber stamps, rollers, brushes</td>
<td>☐</td>
</tr>
<tr>
<td>Ergo Rest or other arm support</td>
<td>☐</td>
</tr>
<tr>
<td>Electronic aids to control/operate TV, VCR, CD player, etc.</td>
<td>☐</td>
</tr>
<tr>
<td>Software to complete art activities</td>
<td>☐</td>
</tr>
<tr>
<td>Games on the computer</td>
<td>☐</td>
</tr>
<tr>
<td>Other computer software</td>
<td>☐</td>
</tr>
<tr>
<td>Other: __________________________</td>
<td>☐</td>
</tr>
</tbody>
</table>

Summary of student's abilities and concerns in the area of Recreation and Leisure:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

*Wisconsin Assistive Technology Initiative (2000)*
Seating and Positioning

1. **Current seating and positioning of student:** (Check all that apply)
   - ☐ Sits in regular chair w/ feet on floor
   - ☐ Sits in adapted chair
   - ☐ Sits in wheelchair part of day
   - ☐ Wheelchair NEEDS to be adapted to fit
   - ☐ Spends part of day out of chair due to prescribed positions
   - ☐ Spends part of day out of chair due to discomfort
   - ☐ Enjoys many positions throughout the day, based on activity
   - ☐ Has few opportunities for other positions
   - ☐ Uses regular desk
   - ☐ Uses desk with height adjusted
   - ☐ Uses tray on wheelchair for desktop
   - ☐ Uses adapted table

2. **Description of seating:** (Check all that apply)
   - ☐ Seating provides trunk stability
   - ☐ Seating allows feet to be on floor or foot rest
   - ☐ Seating provides 90/90/90 position
   - ☐ There are questions or concerns about the student’s seating
   - ☐ Student dislikes most positions, often indicates discomfort
   - ☐ Student has difficulty using table or desk
   - ☐ Student has difficulty achieving and maintaining head control, best position for head control is:
     ____________________________
     Can maintain head control for _____ minutes in this position.

**Summary of student’s abilities and concerns related to seating and positioning:**

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Mobility

1. **Mobility:** (Check all that apply)
   - ☐ Walks independently
   - ☐ Walks with assistance
   - ☐ Needs extra time to reach destination
   - ☐ Crawls, roll, or creeps independently
   - ☐ Uses manual wheelchair, independently
   - ☐ Uses power wheelchair independently
   - ☐ Needs help to transfer in and out of wheelchair
   - ☐ Uses wheelchair for long distances only
   - ☐ Has difficulty walking up stairs
   - ☐ Has difficulty walking down stairs
   - ☐ Has difficulty walking
   - ☐ Walks with appliance
   - ☐ Uses elevator key independently
   - ☐ Is pushed in manual wheelchair
   - ☐ Learning to use power wheelchair
   - ☐ Transfers independently

2. **Concerns about mobility:** (Check all that apply)
   - ☐ Student seems extremely tired after ambulating, requires a long time to recover
   - ☐ Student seems to be having more difficulty than in the past
   - ☐ Student complains about pain or discomfort
   - ☐ Changes in schedule require more time for travel
   - ☐ Changes in location or building are making it more challenging to get around
   - ☐ Transition to new school will require consideration of mobility needs
   - ☐ Other:____________________________________________________________________

**Summary of student’s abilities and concerns related to mobility:**_________________

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
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)
☐ Can read standard textbook print
☐ Can read text if enlarged to (indicate size in inches):______________
☐ Requires specialized lighting such as:_____________________________
☐ Requires materials tilted at a certain angle (indicate angle):______________
☐ Currently uses the following screen enlargement device:______________
☐ Currently uses the following screen enlargement software:______________
☐ Can recognize letters enlarged to _____ pt. type on computer screen
☐ Can recognize 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
☐ Cannot read text, requires taped material, talking word processing or Braille materials.

3. Alternative output--Voice:
☐ Uses ______________________ screen access software
☐ Uses ______________________ sound card/speech synthesizer

   Level of proficiency (Check the one that most closely describes student):
☐ Requires frequent verbal cues
☐ Needs only intermittent cues
☐ Uses device/software independently
☐ Trouble shoots problems related to device

4. Alternative output--Braille: Currently uses (Check all that apply):
☐ Brailler
☐ Braille ‘N Print
☐ Braille ‘N Speak
☐ Mountbatten
☐ Computer generated: platform:________________ 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

5. Writing/handwritten materials related to vision:  (Check all that apply)

☐ Can write using space correctly
☐ Can write on line
☐ Can write appropriate size
☐ Handwriting speed is slower than peers
☐ Requires more time to copy from board than peers
☐ Skips letters when copying
☐ Cannot copy from board, needs alternate way to get information
☐ Can read own handwriting
☐ Can read someone else’s writing
☐ Can read hand printing
☐ Can read cursive
☐ Requires bold or raised line paper
☐ Requires softer lead pencils
☐ Requires colored pencils, pens, or paper
☐ Requires felt tip pen: ☐ thin point ☐ thick point
☐ Is unable to use regular answer sheets
☐ Needs to dictate assignments rather than write
☐ Self-produced notes need to be transcribes into a different format

Summary of student’s abilities and concerns related to vision:__________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
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
   - ☐ Can hear some speech sounds
   - ☐ Can understand synthesized speech

   **Aided 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
   - ☐ Can hear some speech sounds
   - ☐ Can understand synthesized speech

3. **Student’s eye contact and attention to communication:** (Check best descriptor)
   - ☐ Poor  ☐ Inconsistent  ☐ Limited  ☐ Good  ☐ Excellent

4. **Communication environments:** Indicate the form of communication generally used by others with this student in each of the following environments: (Check all that apply)

   - ☐ Body language  ☐ School  ☐ Home  ☐ Community
   - ☐ Gestures
   - ☐ Speech
   - ☐ Cued speech
   - ☐ Picture cues
   - ☐ Written messages
   - ☐ Lip reading
   - ☐ Signs and speech together
   - ☐ Signed English
   - ☐ Pidgin Sign Language
   - ☐ American Sign Language (ASL)

   Level of receptive proficiency in each environment:
   - ☐ Single words  ☐ School  ☐ Home  ☐ Community
   - ☐ Combinations of two or more words  ☐ School  ☐ Home  ☐ Community
   - ☐ Understands majority of communications  ☐ School  ☐ Home  ☐ Community
5. **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
   - [ ] Lip reading
   - [ ] Pidgen Sign Language
   - [ ] Cued speech
   - [ ] Other: _____________________

   Level of expressive proficiency: [ ] Single words  [ ] Combinations of two or more words

6. **Equipment currently used:** (Check all that apply)
   - [ ] Hearing aids
   - [ ] Telecaption Decoder
   - [ ] Vibrotactile Devices
   - [ ] TTY/TDD
   - [ ] Cochlear Implant
   - [ ] Classroom Amplification System
   - [ ] Other: ________________________________________________

7. **Service currently used:** (Check all that apply)
   - [ ] Note taker
   - [ ] Educational interpreter using: [ ] ASL  [ ] Transliterating  [ ] PSE  [ ] Oral

8. **Present unmet needs for communication, writing, and/or educational materials:**
   - [ ] Cannot hear teacher/other students
   - [ ] Cannot respond to fire alarm
   - [ ] Cannot participate in class discussions
   - [ ] Cannot benefit from educational films/programs
   - [ ] Displays rec./exp. language delays
   - [ ] Cannot use telephone to communicate

9. **Current communication functioning:** (Check all that apply)
   - [ ] Desires to communicate
   - [ ] Initiates interaction
   - [ ] Responds to communication requests
   - [ ] Appears frustrated with current communication functioning
   - [ ] Requests clarification from communication partners (“Would you please repeat that?”)
   - [ ] Repairs communication breakdown (Keeps trying, changes message)

10. **Current reading level:** __________________________

11. **Is there a discrepancy between receptive and expressive abilities:** [ ] Yes
    [ ] No  If yes, describe further: ____________________________________________________________

   Summary of hearing abilities and concerns:_________________________________________________________________________________________
General

1. Are there any behaviors (both positive and negative) that significantly impact the student’s performance?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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

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