

TO: CSE Chairpersons

FROM: Susan Lynch
Sharon Goskoski

RE: Assistive Technology Checklist

DATE: September 2019

This is the Assistive Technology Assessment checklist. It is a tool used to help determine what, if any, assistive or augmentative system a student may need to use in order to participate in his or her program to the fullest extent possible.

This document will continue to be refined and updated. As its development progresses, you will receive additional and/or replacement pages. The checklist is held in a loose-leaf binder to allow you to easily insert or remove pages as changes are made. The second page is a routing form that lists the teachers and therapists who might be working with the student.

The Primary Service Provider and other team members may find that completing the checklist together as a team will result in the most cohesive, accurate checklist and also be the most time efficient. It is also more likely to prevent gaps or contradictions in information.

When an Assistive Technology evaluation is requested, please give a copy of the checklist, including this memo, to the Primary Service Provider (PSP). If it is not possible to complete the checklist as a team, the PSP completes the sections applicable to their role in working with the student and then passes it along to another person on the routing form.

When all applicable sections have been completed, it should be returned to the Primary Service Provider, or the CSE Chairperson, to be forwarded, along with the IEP and other reports, to Sharon Goskoski at Cayuga-Onondaga BOCES via the interoffice mail.

Thank you.

NOTE: Not every student will require every section to be completed. For example, a student who writes legibly and/or keyboards independently will not require any entries in Section 1 (Aspects of Writing).



Assistive Technology Routing Form

	<u>Name and Email Address</u>	<u>Phone Number</u>
<input type="checkbox"/> 1. Primary Service Provider (PSP) (As indicated on the IEP)	_____	_____
<input type="checkbox"/> 2. Special Ed Teacher	_____	_____
<input type="checkbox"/> 3. General Ed Teacher(s)	_____	_____
<input type="checkbox"/> 4. Speech Therapist	_____	_____
<input type="checkbox"/> 5. OT	_____	_____
<input type="checkbox"/> 6. PT	_____	_____
<input type="checkbox"/> 7. Psychologist/Counselor	_____	_____
<input type="checkbox"/> 8. PSP or CSE Chairperson	_____	_____
<input type="checkbox"/> 9. Sharon Goskoski (at Cayuga-Onondaga BOCES)	_____	_____

Student: _____ District: _____ Date: _____

Primary Service Provider: _____ Building: _____

Assistive Technology Evaluation Process

- Check when completed*
1. Referral recommended and approved by the CSE and listed on the student's IEP.
 2. Referral form, documentation (IEP, Speech, OT, PT, etc. reports) and Assistive Technology Checklist with appropriate sections completed received from CSE chairperson.
 3. Primary Service Provider contacted Assistive Technology Coordinator to arrange the initial classroom visit, scheduled at student's school.
 4. Parents notified of referral and tentative first classroom visit date and invited to provide input regarding the student's needs at home. Student may also be interviewed at this stage when deemed appropriate.
 5. Team meeting held to share and discuss information from the evaluation form to be used to determine initial device/system for trials.
 6. Assistive Technology Coordinator contacted by primary service provider to arrange additional classroom visits and/or meetings with team as needed to determine effectiveness of device/system in place. Modifications to existing equipment, student materials, and classroom operation may be recommended.
 7. Final report submitted by the Assistive Technology Coordinator to CSE chair and parents outlining recommended system and rationale for said recommendation.

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
- Significant Development Delay
- Specific Learning Disability
- Cognitive Disability
- Other Health Impairment
- Hearing Impairment
- Traumatic Brain Injury
- Autism
- Vision Impairment
- Emotional/Behavioral Disability
- Orthopedic Impairment—Type _____

Current Age Group

- Birth to Three
- Early Childhood
- Elementary
- Middle School
- Secondary

Classroom Setting

- Regular Education Classroom
- Resource Room
- Self-contained
- Home
- Other _____

Current Service Providers

- Occupational Therapy
- Physical Therapy
- Speech Language
- Other(s) _____

Medical Considerations (Check all that apply.)

- History of seizures
- Fatigues easily
- Has degenerative medical condition
- Has frequent pain
- Has multiple health problems
- Has frequent upper respiratory infections
- Has frequent ear infections
- Has digestive problems
- Has allergies to _____
- Currently taking medication for _____
- Other—Describe briefly _____

Other issues of concern, including any behaviors (both positive and negative) that significantly impact the student's performance. _____

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 titles and section numbers. Check ONLY those that apply.)

- Section 1 Motor Aspects of Writing
- Section 2 Fine Motor Related to Computer
or Device Access
- Section 3 Communication
- Section 4 Literacy
- Section 5 Learning and Studying

WATI Assistive Technology Consideration Guide

Student's Name _____ School _____

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

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

Tasks	Column A If currently completes task with special strategies/accommodations, describe.	Column B If currently completes task with assistive technology tools, describe.	Column C Describe new or additional assistive technology to be tried.
<input type="checkbox"/> Math			
<input type="checkbox"/> Recreation and Leisure			
<input type="checkbox"/> Activities of Daily Living (ADLs)			
<input type="checkbox"/> Mobility			
<input type="checkbox"/> Environmental Control			
<input type="checkbox"/> Positioning and Seating			
<input type="checkbox"/> Vision			
<input type="checkbox"/> Hearing			

Team members contributing to this section: _____

Date: _____

WATI Student Information Guide

Section 1—Aspects of Writing

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

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

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

	<u>Not Attempted</u>	<u>Successful</u>	<u>Not Successful</u>
<input type="checkbox"/> Paper with heavier lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Paper with raised lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pencil grip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Special pencil or marker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Splint or pencil holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

4. Computer Availability and Use

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

- PC
- Desktop
- iPad or other mobile device
- Macintosh
- Laptop
- Other _____

Location _____

The student uses a computer

- Rarely
- Frequently
- Daily for one or more subjects
- Every day, all day

The software that the student currently uses:

WATI Student Information Guide
Section 2—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. Identify which of the following the student has the best voluntary, isolated, controlled movements.

- | | | |
|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Left hand | <input type="checkbox"/> Right hand | <input type="checkbox"/> Eye(s) |
| <input type="checkbox"/> Left arm | <input type="checkbox"/> Right arm | <input type="checkbox"/> Head |
| <input type="checkbox"/> Left leg | <input type="checkbox"/> Right leg | <input type="checkbox"/> Mouth |
| <input type="checkbox"/> Left foot | <input type="checkbox"/> Right foot | <input type="checkbox"/> Tongue |
| <input type="checkbox"/> Finger(s) | <input type="checkbox"/> Eyebrows | <input type="checkbox"/> Equal use of all the above |

Describe briefly the activities/situations observed. _____

2. Range of Motion

Student has specific limitations to range. Yes No

Describe the specific range in which the student has the most motor control. _____

3. Abnormal Reflexes and Muscle Tone

Student has abnormal reflexes or abnormal muscle tone. Yes No

Describe briefly any abnormal reflex patterns or patterns of low or high muscle tone that may interfere with the student's voluntary motor control. _____

4. Accuracy

Student has difficulty with accuracy. Yes No

Describe how accurate, reliable, and consistent the student is in performing a particular fine motor task. _____

5. Fatigue

Student fatigues easily.

Yes

No

Describe the cause of fatigue, if known.

6. Assisted Direct Selection

What type of assistance for direct selection has been tried? (Check all that apply.)

None needed

Keyguard

Head pointer/head stick

Pointers, handgrips, splints, etc.

Light beam/laser

Other

Describe which seemed to work the best and why.

7. Size of Grid Students Is Able to Access

What is the optimal size grid?

Size of square: 1/2" 1" 1 1/2" 2" 2 1/2" 3" 3 1/2" 4" 4 1/2"

Number of squares across: _____

Number of squares down: _____

8. Scanning

If student cannot direct select, does the student use scanning?

No

Yes (Select from the following.) Step Automatic Inverse Other

Preferred control site (body site)

Other possible control sites

9. Type of Switch

The following switches have been tried. (Check all that apply. **Circle the one or two** that seemed to work the best.)

None needed—uses direct selection

Touch (jellybean)

Light touch

Wobble

Rocker

Joystick

Lever

Head switch

Mercury (tilt)

Rollerball

Eyebrow

Tongue

Sip/puff

Tread

Other

WATI Student Information Guide Section 3—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. # _____
- _____
- Reliable no Reliable yes
- 2-word utterances 3-word utterances
- Semi-intelligible speech, estimate % intelligible _____
- Communication board Tangibles Pictures Combination pictures/words
- Words
- Voice output AC device (name of device) _____
- Intelligible speech Writing Other _____

2. Those Who Understand Student's Communication Attempts (Check best descriptor.)

	Most of the time	Part of the time	Rarely	Not Applicable
Strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers/therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Current Level of Receptive Language

Age approximation _____

If formal tests used, name and scores _____

If formal testing is not used, please give an approximate age or developmental level of functioning. Explain your rationale for this estimate. _____

4. Current Level of Expressive Language

Age approximation _____

If formal tests used, name and scores _____

If formal testing is not used, please give an approximate age or developmental level of functioning

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 generally understand the response? Yes No

	Always	Frequently	Occasionally	Seldom	Never
Turns toward speaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aware of listener's attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds to communication interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requests clarification from communication partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repairs communication breakdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires frequent verbal prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires frequent physical prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains communication exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terminates communication appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe techniques student uses to clarify (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 speech output
- Needs device w/large number of words and phrases
- Other _____

7. Pre-Reading and Reading Skills Related to Communication (Check all that apply.)

- Yes Emerging No Object/picture recognition
- Yes Emerging No Symbol recognition (tactile, Mayer-Johnson, Rebus, etc.)
- Yes Emerging No Auditory discrimination of sounds
- Yes Emerging No Auditory discrimination of words, phrases
- Yes Emerging No Selecting initial letter of word
- Yes Emerging No Following simple directions
- Yes Emerging No Sight word recognition
- Yes Emerging No Putting two symbols or words together to express an idea

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

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

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

What size symbols or pictures are preferred? _____

What line thickness of symbols is preferred? _____ Inches

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

Computer with text to speech software to:

- Speak single words Speak sentences Speak paragraphs Read entire document

3. **Approximate Age or Grade Level of Reading Skills** _____

4. **Cognitive Ability in General** Significantly below average Below average
 Average Above average

5. **Computer Availability and Use**

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

6. **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:

Games Word processing Other academic activities Internet access

