

# Hancock County Schools

*Assistive Technology Team*

## Assistive Technology

# S S E S S M E N T

The HCS Assistive Technology Assessment is a process based, systematic approach to providing a functional evaluation of the student's need for assistive technology in his or her customary environment. (Please note: This is not a test protocol. There is no scoring involved.)

### Steps

- INFORMATION GATHERING
- DECISION MAKING
- TRIAL USE

The steps are supported by the following forms.

### Forms

- OVERALL PROCESS
  - Directions/Procedure Guide
- INFORMATION GATHERING
  - AT Consideration Guide
  - IEP Referral for AT Evaluation
  - Student Information Guide
  - Environmental Observation Guide
- DECISION MAKING
  - AT Decision Making Guide
  - AT Checklist
- TRIAL USE
  - AT Trial Use Guide
  - AT Trial Use Summary

# H.C.A.T.T. Assistive Technology Assessment Directions/Procedure Guide

School District/Agency \_\_\_\_\_ School \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_

Team Members \_\_\_\_\_

Date Completed

Comments

## ***Gathering Information:***

### **Step 1: Team Members Gather Information**

Review existing information regarding child's abilities, difficulties, environment, and tasks from the referral for Assistive Technology Evaluation, Assistive Technology Checklist, and IEP. If there is missing information, you will need to gather the information by completing formal tests, completing informal tests, and/or observing the child in various settings. The Student Information Guide is used to assist with gathering information.

Starred (\*) items are duplicated elsewhere in the form. If completing the entire guide, you only need to fill out once.

### **Step 2: Schedule Meeting**

Schedule a meeting with the team. Team includes: parents, student (if appropriate), service providers (e.g. spec. ed. teacher, general ed. teacher, SLP, OT, PT, administrator), and any others directly involved with or with required knowledge and expertise.

## ***Decision Making:***

### **Step 3: Team Completes AT Consideration Guide at the Meeting.**

**(Choose someone to write all topics where everyone participating can see them.)**

The team should move quickly through:

- Listing the student's **abilities/difficulties** related to tasks (5-10 minutes).
- Listing key aspects of the **environment** in which the student functions and the student's location and positioning within the environment (5-10 minutes).
- Identifying the **tasks** the student needs to be able to do is important because the team cannot generate AT solutions until the tasks are identified (5-10 minutes).

(Note: The emphasis in problem identification is identifying tasks the student needs to be able to do and the relationship of the student's abilities/difficulties and characteristics of the environment of the child's performance of the tasks.)

**Step 4: Prioritize the List of Tasks for Solution Generation**

Identify critical task for which the team will generate potential solutions. This may require a redefining or reframing of the original referral question, but is necessary so that you hone in on the most critical task.

Critical tasks are identified by an asterik in the task column of the HCATT Consideration Guide.

**Step 5: Solution Selection**

Discuss the solutions listed, thinking about which are most effective for the student. It may help to group solutions that can be implemented 1) immediately, 2) in the next few months, and 3) in the future. At this point list names of specific devices, hardware, software, etc. If the team does not know the names of devices, etc., use resources noted in Step 5 or schedule a consultation with a knowledgeable resource person (that is the part of the decision-making that should require the most time. Plan on 20-30 minutes here). Complete Part C of the HCATT Consideration Guide.

**Step 6: Implementation Plan**

Develop implementation plan (including trials with equipment) – being sure to assign specific names and dates, and determine meeting date to review progress (follow-up Plan). Complete the HCATT Technology Trial Use Guide.

***Trial Use:*****Step 7: Implement Planned Trials**

Including training and data collection tools as appropriate. Complete the data collection portion of the HCATT Trial Use Guide.

**Step 8: Follow Up on Planned Date**

Review trial use. Complete the HCATT AT Trial Use Summary. Make any needed decisions about permanant use. Plan for permanant use.

# HCATT Assistive Technology Consideration Guide

Student's Name \_\_\_\_\_ School \_\_\_\_\_

1. What task is it that we want this student to do, that s/he is unable to do at a level that reflects his/her skills/abilities (writing, reading, communicating, seeing, hearing)? 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 HCAT's AT Checklist.) If any assistive technology tools are currently being used (or were tried in the past), describe in Column B.
4. Would the use of new/add'l assistive technology help the student perform this skill more easily or efficiently, in the least restrictive environment, or perform successfully with less personal assistance? If yes, complete Column C.

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

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

5. Identify priority of critical tasks by placing an asterick in the appropriate task box.

6. Are there assistive technology services (more specific evaluation of need for assistive technology, adapting or modifying the assistive technology, technical assistance on its operation or use, or training of student, staff, or family) that this student needs? If yes, describe what will be provided, the initiation, and duration.

\_\_\_\_\_

\_\_\_\_\_

Persons Present: \_\_\_\_\_ Date: \_\_\_\_\_

# HCATT Student Information Guide

## SECTION 1

### Motor Aspects of Writing

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

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

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

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

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

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

#### 4. Computer Use (Check all that apply.)

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

## 5. Computer Availability and Use

The student has access to the following computer(s)

- PC                                       Macintosh                                       Other \_\_\_\_\_  
 Desktop                                       Laptop

Location: \_\_\_\_\_

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** \_\_\_\_\_

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# HCATT 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. Does the student have voluntary, isolated, controlled movements using the following? (Check all that apply.)

- |                                    |                                     |                                      |
|------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Left hand | <input type="checkbox"/> Right hand | <input type="checkbox"/> Eye(s)      |
| <input type="checkbox"/> Left arm  | <input type="checkbox"/> Right arm  | <input type="checkbox"/> Head        |
| <input type="checkbox"/> Left leg  | <input type="checkbox"/> Right leg  | <input type="checkbox"/> Mouth       |
| <input type="checkbox"/> Left foot | <input type="checkbox"/> Right foot | <input type="checkbox"/> Tongue      |
| <input type="checkbox"/> Finger(s) | <input type="checkbox"/> Eyebrows   | <input type="checkbox"/> Other _____ |

Describe briefly the activities/situations observed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 2. Range of Motion

Student has specific limitations to range. Yes No

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

\_\_\_\_\_

\_\_\_\_\_

#### 3. Abnormal Reflexes and Muscle Tone

Student has abnormal reflexes or abnormal muscle tone. Yes No

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

\_\_\_\_\_

\_\_\_\_\_

#### 4. Accuracy

Student has difficulty with accuracy. Yes No

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

\_\_\_\_\_

\_\_\_\_\_



**5. Fatigue**

Student fatigues easily. Yes No

Describe how easily the student becomes fatigued. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**6. Assisted Direct Selection**

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

Keyguard  Head pointer/head 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. **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** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# HCATT Student Information Guide

## SECTION 3

### Composing Written Material

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

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

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

- Answering questions
- 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 (both paper and electronic)
- Other \_\_\_\_\_

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

(Check all that apply.)

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

Summary of Student's Abilities and Concerns Related to Writing \_\_\_\_\_

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# HCATT Student Information Guide

## SECTION 4

### Communication

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

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

- Changes in breathing patterns       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. Explain your rationale for this estimate. \_\_\_\_\_

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**5. Communication Interaction Skills**

Desires to communicate  Yes  No

To indicate *yes* and *no* the student

- Shakes head       Signs                       Vocalizes                       Gestures                       Eye gazes  
 Points to board       Uses word approximations                       Does not respond consistently

Can a person unfamiliar with the student understand the response?  Yes  No

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

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

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**6. Student's Needs Related to Devices/Systems** (Check all that apply.)

- Walks                       Uses wheelchair                       Carries device under 2 pounds  
 Drops or throws things frequently                       Needs digitized (human) speech  
 Needs device w/large number of words and phrases  
 Other \_\_\_\_\_

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

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

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

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

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

What size symbols or pictures are preferred? \_\_\_\_\_

What line thickness of symbols is preferred? \_\_\_\_\_ inches

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

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

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**Summary of Student's Abilities and Concerns Related to Communication** \_\_\_\_\_

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# HCATT Student Information Guide

## SECTION 5

### Reading

**\*1. The Student Demonstrates the Following Literacy Skills.** (Check all that apply.)

- Engages in joint attention with adult caregiver to activities (e.g. songs, stories, games and/or toys)
- Shows an interest in books and stories with adult
- Shows 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
- When asked to spell a word, gets first consonant correct, but not the rest of the word
- Demonstrates sound manipulation skills including:
  - Initial and final sounds in words
  - Initial letter names/sounds
- Recognizes, names and prints the alphabet (if motor skills are limited, may use alternative means rather than printing to demonstrate knowledge of the alphabet)
- When asked to spell a word, gets first and last sounds correct
- Applies phonics rules when attempting to decode printed words
- Sound blends words
- Reads and understands words in context
- Spells words using conventional spelling in situations other than memorized spelling tests
- Reads and understands sentences
- Composes sentences using nouns and verbs
- Reads fluently with expression
- Reads and understands paragraphs
- Composes meaningful paragraphs using correct syntax and punctuation

**2. Student’s Performance Is Improved by** (Check all that apply.)

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

**3. Reading Assistance Used**

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

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**4. Assistive Technology Used**

The following have been tried. (Check all that apply.)

- Highlighter, marker, template, or other self-help aid in visual tracking
- Colored overlay to change contrast between text and background
- Tape recorder, taped text, or talking books to “read along” with text
- Talking dictionary or talking spell checker to pronounce single words
- Hand held scanner to pronounce difficult words or phrases
- Computer with text to speech software to
  - Speak single words
  - Speak sentences
  - Speak paragraphs
  - Read entire document

Explain what seemed to work about any of the above assistive technology that has been tried.

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**5. Approximate Age or Grade Level of Reading Skills** \_\_\_\_\_

- \*6. Cognitive Ability in General**
- Significantly below average
  - Below average
  - Average
  - Above average

**7. Difficulty**

Student has difficulty decoding the following. (Check all that apply.)

- Worksheets
- Reading Textbook
- Subject Area Textbooks
- Tests

Student has difficulty comprehending the following. (Check all that apply.)

- Worksheets
- Reading Textbook
- Subject Area Textbooks
- Tests

**\*8. Computer Availability and Use**

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

- PC
- Macintosh

**\*9. The Student Uses a Computer:**

- Rarely
- Frequently
- Daily for one or more subjects or periods
- Every day, most of the day

For the following purposes \_\_\_\_\_

**Summary of Student’s Abilities and Concerns Related to Reading** \_\_\_\_\_

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# HCATT Student Information Guide

## SECTION 6

### Learning and Studying

#### 1. Current Ability to Learn New Material or Study (Check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> Remembering assignments                   | <input type="checkbox"/> Organizing information/notes               |
| <input type="checkbox"/> Remembering steps of tasks or assignments | <input type="checkbox"/> Organizing materials for a report or paper |
| <input type="checkbox"/> Finding place in textbooks                | <input type="checkbox"/> Turning in assignments                     |
| <input type="checkbox"/> Taking notes during lectures              | <input type="checkbox"/> Other _____                                |
| <input type="checkbox"/> Reviewing notes from lectures             | _____   |

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

- Print or picture schedule
- Low tech aids to find materials (e.g. index tabs, color coded folders)
- Highlighting text (e.g. markers, highlight tape, ruler)
- Recorded material
- Voice output reminders for assignments, steps of task, etc.
- Electronic organizers
- Pagers/electronic reminders
- Hand held scanner to read words or phrases
- Software for manipulation of objects/concept development
- Software for organization of ideas and studying
- Palm computers
- Other \_\_\_\_\_

#### 3. Strategies Used

Please describe any adaptations or strategies that have been used to help this student with learning and studying.

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

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# HCATT Student Information Guide

## SECTION 7

### Math

#### 1. Current Abilities in Math (Check all that apply.)

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

#### 2. Assistive Technology Tried

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

#### 3. Strategies Used

Please describe any strategies that have been used to help. \_\_\_\_\_

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#### Summary of Student’s Abilities and Concerns Related to Math \_\_\_\_\_

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# HCATT Student Information Guide

## SECTION 8

### Recreation and Leisure

#### 1. Current Ability to Participate in Recreation and Leisure Activities (Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Understanding cause and effect | <input type="checkbox"/> Following complex directions  |
| <input type="checkbox"/> Understanding turn taking      | <input type="checkbox"/> Communicating with others     |
| <input type="checkbox"/> Handing/manipulating objects   | <input type="checkbox"/> Hearing others                |
| <input type="checkbox"/> Throwing/catching objects      | <input type="checkbox"/> Seeing equipment or materials |
| <input type="checkbox"/> Understanding rules            | <input type="checkbox"/> Operating TV, VCR, etc.       |
| <input type="checkbox"/> Waiting for his/her turn       | <input type="checkbox"/> Operating computer            |
| <input type="checkbox"/> Following simple directions    | <input type="checkbox"/> Other _____                   |

#### 2. Activities Student Especially Enjoys \_\_\_\_\_

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#### 3. Adaptations Tried to Enhance Participation in Recreation and Leisure \_\_\_\_\_

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How did they help? \_\_\_\_\_

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#### 4. Assistive Technology Tried (Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Toys adapted with Velcro <sup>®</sup> , magnets, handles etc. |  |
| <input type="checkbox"/> Toys adapted for single switch operation                      |  |
| <input type="checkbox"/> Adaptive sporting equipment, such as lighted or beeping ball  |  |
| <input type="checkbox"/> Universal cuff or strap to hold crayons, markers, etc.        |  |
| <input type="checkbox"/> Modified utensils, e.g. rubber stamps, rollers, brushes       |  |
| <input type="checkbox"/> Ergo Rest or other arm support                                |  |
| <input type="checkbox"/> Electronic aids to control/operate TV, VCR, CD player, etc.   |  |
| <input type="checkbox"/> Software to complete art activities                           | <input type="checkbox"/> Games on the computer |
| <input type="checkbox"/> Other computer software                                       | <input type="checkbox"/> Other _____           |

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

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# HCATT Student Information Guide

## SECTION 9

### Seating and Positioning

#### 1. Current Seating and Positioning of Student (Check all that apply.)

- Sits in regular chair w/ feet on floor
- Sits in regular chair w/ pelvic belt or foot rest
- Sits in adapted chair
- Sits in seat with adaptive cushion that allows needed movement
- Sits in wheelchair part of day
- Sits comfortably in wheelchair most of day
- Wheelchair in process of being adapted to fit
- Spends part of day out of chair due to prescribed positions
- Spends part of day out of chair due to discomfort
- Enjoys many positions throughout the day, based on activity
- Has few opportunities for other positions
- Uses regular desk
- Uses desk with height adjusted
- Uses tray on wheelchair for desktop
- Uses adapted table

#### 2. Description of Seating (Check all that apply.)

- Seating provides trunk stability
- Seating allows feet to be on floor or foot rest
- Seating provides 90/90/90 position
- There are questions or concerns about the student's seating
- Student dislikes some positions, often indicates discomfort in the following positions \_\_\_\_\_  
\_\_\_\_\_
- Student has difficulty using table or desk
- There are concerns or questions about current wheelchair.
- Student has difficulty achieving and maintaining head control, best position for head control is \_\_\_\_\_  
\_\_\_\_\_
- Can maintain head control for \_\_\_\_\_ minutes in this position.

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

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# HCATT Student Information Guide

## SECTION 10

### Mobility

**1. Mobility** (Check all that apply.)

- Crawls, rolls, or creeps independently
- Is pushed in manual wheelchair
- Uses wheelchair for long distances only
- Uses manual wheelchair independently
- Is learning to use power wheelchair
- Uses power wheelchair
- Needs help to transfer in and out of wheelchair
- Transfers independently
- Has difficulty walking
- Walks with assistance
- Has difficulty walking up stairs
- Has difficulty walking down stairs
- Needs extra time to reach destination
- Walks independently
- Walks with appliance
- Uses elevator key independently

**2. Concerns About Mobility** (Check all that apply.)

- Student seems extremely tired after walking, requires a long time to recover
- Student seems to be having more difficulty than in the past
- Student complains about pain or discomfort
- Changes in schedule require more time for travel
- Changes in class location or building are making it more challenging to get around
- Transition to new school will require consideration of mobility needs
- Other \_\_\_\_\_

**Summary of Student's Abilities and Concerns Related to Mobility** \_\_\_\_\_

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# HCATT Student Information Guide

## Section 11

### Vision

*A vision specialist should be consulted to complete this section.*

1. **Date of Last Vision Report** \_\_\_\_\_

2. **Type of Vision Impairment**

- Low vision or partially sighted
- Blind
- CVI (Cortical Visual Impairment)
- Deafblindness
- Other \_\_\_\_\_

3. **Enhancements**

Currently uses (Check all that apply.)

- Uses visual enhancements (e.g., textures, objects, object representation, neon paint on background)
- Uses tactile enhancements (e.g., puff paint or glue to outline key areas on display/targeted orientated to display textured icons)
- Uses technology enhancements (e.g., auditory scanning)
- Uses sign language

\*4. **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

**5. Alternative Output**

Currently uses (Check all that apply.)

- Slate and stylus
- Talking calculator
- Braille calculator
- Braille notetaker
- Electric Braille
- Refreshable Braille display
- Tactile images
- Screen reader
- Braille translation software: \_\_\_\_\_
- Scanner
- Embosser
- Magnifying Devices
- Calendar box/shelf system

**Level of proficiency** (Check the one that most closely describes the student.)

- Requires frequent physical prompts
- Needs only intermittent cues
- Trouble-shoots problems related to device
- Requires frequent verbal cues
- Uses device to complete tasks independently

**6. Writing/Handwritten Materials** (Check all that apply.)

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

**Summary of Student’s Abilities and Concerns Related to Vision** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HCATT Student Information Guide**  
**SECTION 12**  
**HEARING EVALUATION**

A hearing specialist should be consulted to complete this form.

Date of evaluation/observation: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Student's Name: \_\_\_\_\_

**1. Audiological information:**

Date of last audiological examination/screening: \_\_\_\_\_

Hearing loss:

Right ear     Suspected Loss     Normal     Mild     Moderate     Severe     Profound

Left ear     Suspected Loss     Normal     Mild     Moderate     Severe     Profound

Speech Reception Threshold: Right ear: \_\_\_\_\_

Left ear: \_\_\_\_\_

Speech Discrimination Score: Right ear: \_\_\_\_\_

Left ear: \_\_\_\_\_

Onset of hearing loss: \_\_\_\_\_ Etiology: \_\_\_\_\_

History:  Chronic ear infections                       Referred for further evaluation, date \_\_\_\_\_

Tubes, date \_\_\_\_\_

**Attach a copy of the most recent audiological examination/hearing screening.**

**2. Auditory equipment currently used: (✓ Check all that apply)**

	<b>School</b>	<b>Community</b>	<b>Home</b>
Hearing Aid(s) <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal FM system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Amplification System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vibrotactile Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cochlear Implant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Auditory abilities are: (✓ Check all that apply)**

Unaided

Attends to sound:                       High pitch     Low pitch     Voices                       Background noises

Discriminates environmental vs. non-environmental sounds

Turns toward sound/speaker

Changes in facial expression (i.e. eye gaze, eye movement)

Changes in breathing patterns

Can understand synthesized speech by \_\_\_\_\_

Aided

Attends to sound:                       High pitch     Low pitch     Voices                       Background noises

Discriminates environmental vs. non-environmental sounds

Turns toward sound/speaker

Changes in facial expression (i.e. eye gaze, eye movement)

Changes in breathing patterns

Can understand synthesized speech by \_\_\_\_\_

- \*4. **Receptive Communication:** Indicate the form of communication generally used by others with this student in each of the following environments. (✓ Check all that apply then circle the primary method used by others.)

	School		Community	Home
	Teachers	Peers		
Body language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gestures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cued Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picture Symbols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Touch Cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lipreading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tactile Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pidgin Sign English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Sign Language (ASL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Communication Observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Level of receptive communication proficiency observed in each environment:

	School		Community	Home
	Teachers	Peers		
Single words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combinations of two or more words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands majority of communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- \*5. **Expressive communication:** Student expressively communicates with others using: (✓ Check all that apply then circle the primary method used by the student.)

	School		Community	Home
	Teachers	Peers		
Body language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facial expressions (ie; blinks, eye movement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes in breathing patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gestures (i.e. pointing, shaking head)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cued Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picture Symbols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Touch Cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice Output AC Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tactile Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pidgin Sign English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Sign Language (ASL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Communication Observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Level of expressive communication proficiency observed in each environment:

	School		Community	Home
	Teachers	Peers		
Single words/approximations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combinations of two or more words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication attempts are understood by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. **Is there a discrepancy between receptive and expressive abilities:** Yes No  
If yes, please describe further:

7. **Student's eye contact and attention to communication is:** (✓ Check best descriptor)  
Poor Inconsistent Limited Good Excellent

\*8. **Current communication functioning:** (3Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Desires to communicate   | <input type="checkbox"/> Initiates interaction  |
| <input type="checkbox"/> Responds to communication requests/<br>communication interactions                            | <input type="checkbox"/> Appears frustrated with current<br>functioning                           |
| <input type="checkbox"/> Requests clarification from communication<br>partners (i.e. "Would you please repeat that?") | <input type="checkbox"/> Repairs communication breakdown<br>(keeps trying, changes message, etc.) |
| <input type="checkbox"/> Requires frequent verbal/physical prompts  |   |

9. **Present unmet needs for communication, writing, and/or educational materials:** (✓ Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Cannot hear teacher/other students            | <input type="checkbox"/> Cannot respond to fire alarm                   |
| <input type="checkbox"/> Cannot participate in class discussions       | <input type="checkbox"/> Cannot benefit from educational films/programs |
| <input type="checkbox"/> Displays receptive/expressive language delays | <input type="checkbox"/> Cannot use telephone to communicate            |

10. **Classroom Observation Acoustics:** (✓ Check all that apply)  
Classroom and activity observed:

- 
- Preferential seating: yes no
- General room noise level: excessive average below average
- Teacher's speech/voice: loud average soft inconsistent
- If the student lipreads, does the teacher: face student when speaking move while speaking
- The floor surface is: tile hardwood carpeting
- The window covering is: none blinds curtains/drapes shades
- The lighting is: adequate inadequate
- The walls are: wood brick tile plaster
- There are blackboards/bulletin boards on: 1 side 2 sides 3 sides 4 sides
- Specific room noises include: radiators pipes fans hallway noise computer  
student behaviors

11. **Services currently used:** (✓ Check all that apply)

- Notetaker
- Educational interpreter using: ASL PSE SEE/MCE Oral
- Other: \_\_\_\_\_

\*12. **Current reading level:** \_\_\_\_\_ Based on: \_\_\_\_\_  
Pre-reading skills:     object/picture recognition     letter recognition     functional word  
recognition

13. **Are the observation results reliable?**  Yes             No  
If no, please describe further.

\* Indicates duplicated items (items 4 and 5 are duplicated in the communication section and item 12 is duplicated in the reading section).

## Hancock County Schools Referral for Assistive Technology Evaluation

1. Complete this form
2. Complete Permission to Evaluate Form (#3).
3. Attach copy of IEP.
4. Return to: Special Education Department, Board Office, New Cumberland, WV.

<b>Student Name:</b>	<b>Birthdate:</b>
<b>School:</b>	<b>Grade:</b>
<b>Regular Education Teacher:</b>	<b>Special Education Teacher:</b>
<b>Disability:</b>	<b>Is student being considered for a 504 plan? Yes    No</b>

<b>Reason for Referral:</b>

**Please check all the boxes under each category that apply for this student.**

**Type of communication currently used:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Voice/speech  | <input type="checkbox"/> Eye Gaze        | <input type="checkbox"/> Communication Board |
| <input type="checkbox"/> Gestures      | <input type="checkbox"/> Touch Cues      | <input type="checkbox"/> Tactile Sign        |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Picture Symbols |  |

**Medical Considerations:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> History of seizures                | <input type="checkbox"/> Has multiple health problems | <input type="checkbox"/> Currently taking medication for: _____ |
| <input type="checkbox"/> On medication for seizure control  | <input type="checkbox"/> Has frequent ear infections  | <input type="checkbox"/> Other (describe briefly): _____        |
| <input type="checkbox"/> Has degenerative medical condition | <input type="checkbox"/> Has known hearing loss       |   |
|   | <input type="checkbox"/> Has digestive problems       |   |

**Assistive Technology currently used:**

Please complete attached checklist

**What additional adaptations/modifications/devices have been tried? What was the outcome for each (how did it work or why you think it didn't work)?**

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**Are there any behaviors that interfere with student's performance?**

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Are there significant factors about the student's strengths, learning style (visual, auditory, tactile) , coping strategies, or interest that the team should consider?

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

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**Check the areas of concern for this student:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Mechanics of writing                  | <input type="checkbox"/> Learning and studying      | <input type="checkbox"/> Hearing/listening          |
| <input type="checkbox"/> Reading                               | <input type="checkbox"/> Composing written material | <input type="checkbox"/> Recreation and leisure     |
| <input type="checkbox"/> Seating and positioning               | <input type="checkbox"/> Communication              | <input type="checkbox"/> Activities of Daily Living |
| <input type="checkbox"/> Fine motor related to computer access | <input type="checkbox"/> Math                       | <input type="checkbox"/> Environmental Control      |
|  | <input type="checkbox"/> Vision                     |   |

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**Signature of person completing this form**

---

**Title**

---

**Telephone #**

---

**Best time to contact you**

---

**Email address**

---

**Date**

## Hancock County Schools Assistive Technology Checklist

### Writing

#### Mechanics of Writing

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

### Computer Access

- Keyboard w/accessibility options
- Word prediction, abbreviation/expansion to reduce keystrokes
- Keyguard
- Arm support
- Track ball/track pad/joystick w/on-screen keyboard
- Alternate Keyboard
- Mouth stick/Head mouse w/onscreen keyboard
- Switch with Morse Code
- Switch with scanning
- Voice recognition software
- Touch window
- Other: \_\_\_\_\_

### Composing Written Material

- Word cards/word book/word wall
- Pocket dictionary/thesaurus
- Writing templates
- Electronic/talking electronic dictionary thesaurus/spell checker
- Word processing w/spell or grammar checker
- Talking word processor
- Abbreviation/expansion
- Word processing w/writing supports
- Multimedia software
- Voice Recognition software
- Other: \_\_\_\_\_

### Communication

- Communication board/book w/pictures objects/letters words
- Picture symbol system (ex: PECS)
- Eye gaze board/frame
- Simple voice output device
- Voice output device w/levels
- Voice output device w/icons sequencing
- Voice output device w/dynamic display
- Device w/speech synthesis for typing
- Other: \_\_\_\_\_

### Reading, Studying, and Math

#### Reading

- Standard text
- Predictable books
- Changes in text size, spacing, color, background color
- Book adapted for page turning (page fluffers, 3 ring binder)
- Use of picture/symbols with text
- Talking electronic device/software to pronounce challenging words
- Single word scanners
- Scanner with OCR and talking word processor
- Software to read websites and emails
- Electronic books
- Other: \_\_\_\_\_

#### Learning/Studying

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

#### Math

- Abacus/Math line
- Enlarged math worksheets
- Low tech alternatives for answering
- Math "Smart Chart"
- Money calculator and Coinulator
- Tactile/voice output measuring devices
- Talking watches/clocks
- Calculator/calculator w/print out
- Calculator w/large keys and/or large display
- Talking calculator
- Calculator w/special features (fraction translation)
- On-screen/scanning calculator
- Alternative Keyboard (IntelliKeys)
- Software w/cueing for math computation (may use w/ adapted input methods)
- Voice recognition software
- Other: \_\_\_\_\_

## Positioning Access and Mobility

### Positioning and seating:

- Crawling Assists
- Sitting Equip.: Bolster, rolled towel, blocks for feet
- Floor Positioners
- Non-slip surface on chair to prevent slipping
- Adapted/alternate chair, sidelyer, stander
- Custom fitted wheelchair or insert
- Other: \_\_\_\_\_

### Mobility:

- Walker
- Grab bars and rails
- Manual wheelchair including sports chair
- Powered mobility toy
- Powered scooter or cart
- Powered wheelchair w/joystick or other control
- Adapted vehicle for driving
- Other: \_\_\_\_\_

### Listening and Hearing

- Personal FM units
- Classroom FM Devices
- Hearing Aids
- 3-D Loop systems
- Cochlear implant
- Signaling devices (lights, vibrating pagers)
- Closed caption device (TTY/TTD)
- Vibro-tactile aids
- Other: \_\_\_\_\_

### Input Devices:

- Keyboards
- Pointers
- Voice-Activated Switches
- Eye-Motion Switches
- Touch Switches
- Macro Switches
- Other: \_\_\_\_\_

### Activities of Daily Living (ADLS):

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

## Vision

- Low vision devices
- Braille
- Mountbatten
- Eyeglasses
- Other: \_\_\_\_\_

## Recreation and Leisure

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

## Interest/Motivators/Reinforcers

- Books \_\_\_\_\_
- Food \_\_\_\_\_
- Sensory stimulation \_\_\_\_\_
- Favorite theme (ex: Garfield) \_\_\_\_\_
- Objects \_\_\_\_\_
- Other: \_\_\_\_\_

# HCATT Assistive Technology Trial Use Guide

<b>AT to be tried:</b> _____
------------------------------

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

**STUDENT: Data collection (per device)**

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



# HCATT Assistive Technology Trial Use Summary

Student's Name: \_\_\_\_\_

Person(s) Completing Summary: \_\_\_\_\_

Note: AT must be used three (3) times during one month trial!

AT Tried	Dates Used	Task(s)	Outcome/Criteria Met	Comments

Recommendations for IEP: \_\_\_\_\_