

# 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: \_\_\_\_\_

## 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**

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**Title**

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**Telephone #**

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**Best time to contact you**

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**Email address**

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**Date**