WAKULLA COUNTY ASSISTIVE TECHNOLOGY PLAN

Wakulla County Schools

Updated July 2009

ASSISTIVE TECHNOLOGY REFERRAL PROCESS

Wakulla County has Local Assistive Technology Specialists (LATS). When a student is referred for assistive technology by a teacher or parent, a referral form is filled out. It contains information regarding the presenting problem; technology previously tried and the teacher's recommendations for accommodations during evaluation. If a solution cannot be obtained at the school level, the referral is forwarded to the LATS who meet to review referral and plan the gathering of information. The evaluation is performed by the LATS team and may assess functional vision skills, motor/access skills, cognitive development, behavioral skills, and communication. Part of the information gathered may include parent interviews, video taping, data collection forms, etc. The team then meets to review the evaluation results and plan the interventions which could range from simple low tech strategies to trials with complex communication or mobility devices.

The LATS write a report summarizing the results of the interventions recommended by the team. If needed, funding for a device could come from the school system, Medicaid, Vocational Rehabilitation, Developmental Services, private agencies, and civic organizations.

> "All children with exceptional education needs must be considered for assistive technology. There are no exceptions, prerequisites, and the determination of whether an assistive technology device or service is required must be made on an individual basis." A.C. Chambers, Has Technology Been Considered?

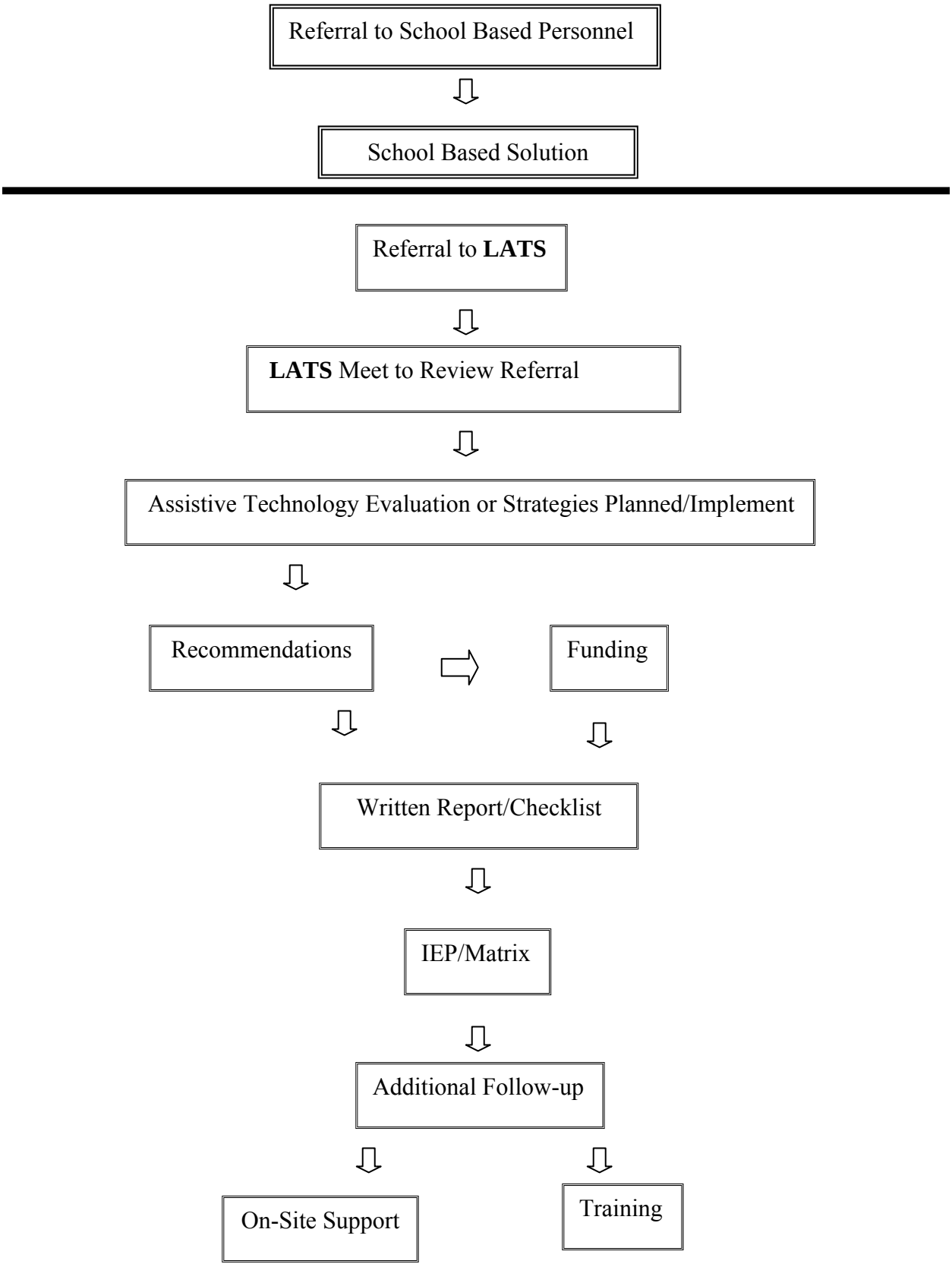
LAWS AND DEFINITIONS WHICH IMPACT ASSISTIVE TECHNOLOGY:

Individuals with Disabilities Education Act
FAPE: Free and Appropriate Public Education
LRE: Least Restrictive Environment
Technology Related Assistance for individual with Disabilities Act, passed in 1988

(For further information on laws and legal definitions, see your school copy of Has Technology Been Considered? by A.C. Chambers)

WAKULLA COUNTY SCHOOLS

ASSISTIVE TECHNOLOGY REFERRAL PROCESS



WRITING ASSISTIVE TECHNOLOGY IN THE IEP

Assistive technology being used **MUST** be included in the IEP. This may appear:

1. As part of the annual goal statements;

2. As part of the short term objectives, to address specific skills to be mastered;

3. To specify a related service, such as specifying the device and training in the use of the device. Related services must include all applicable information concerning:

    - Transportation-medical equipment required (wheelchairs, crutches, walkers, cane, tracheotomy equipment, car seats, seat belts)
    - Medical condition (as per physician's prescriptions)
    - Aide required
    - Shortened school day due to disability
    - School assigned is located out of district
    - Transportation required
    - Communicative device needed (for speaking or for hearing)
    - Computer access
    - Vision adaptations as needed
    - Testing modifications

WRITING ASSISTIVE TECHNOLOGY IN THE MATRIX

The areas of disability for which assistive technology is indicated **MUST** be checked on the front sheet of the Matrix.

The Matrix **MUST** reflect the use of any active technology and/or materials indicated on the IEP in any of the five domains.

RESOURCES

The Director of Exceptional Student Education, LATS, or local FDLRS should be able to put you in contact with the necessary resource people within your area/community to assist in the process of consideration and evaluation of assistive technology for a student with exceptional educational needs.

ASSISTIVE TECHNOLOGY RESOURCE INFORMATION

LOCAL:

Wakulla Local Assistive Technology Specialists
Denise Ray, Hearing Impaired Teacher 926-3641
Sharon Scherbarth, Vision Impaired Teacher 926-7155

Regional Local Assistive Technology Specialist
Missy Withers 926-0065

Florida Diagnostic and Learning Resources System
Contact: Rena Carney/Peggy Harter 487-2630
3955 West Pensacola Street
Tallahassee, Florida

FDLRS/ATEN Assistive/Adaptive Preview Lab-hands on lab for previewing various types of assistive technology in the areas of switches, computer access, augmentative communication devices, alternative writing tools, etc. Appointments required..

STATE: FLORIDA
CIC: Clearinghouse Information Center 488-1879
Turlington Building, Room 622
Tallahassee, Florida 32399-0400

Offers resource materials, including books, videos, and research materials on assistive technology
ATEN: Assistive Technology Educational Network Coordinating Unit 800-328-3678
1207 Mellonville Ave **Website: www.aten.seps.k12.fl.us**
Sanford, Florida 32771

Provides information and training...supports the districts through their Local Assistive Technology Specialists

RMCHI: Resource Materials Center for the Hearing Impaired
Florida School for the Deaf and Blind
207 N. San Marco Ave.
St. Augustine, Fl 32084

Provides information about software/hardware organization and producers of assistive technology
FIMC: Florida Instructional Materials Center 800-282-9193
5002 N. Lois Ave.
Tampa, Florida 33614

WAKULLA COUNTY SCHOOLS
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY TEAM BUILDING

TEAM ASSESSMENT PLANNING PROCESS:

V. **Problem Identification**

S - Student characteristics
E - Environment
T - Tasks
T - Tools....

II. Generating Possible Solutions

Solution Generation (Brainstorming in climate of trust)
- Academic Solutions
- Computer Access
- Access to Environment/School

III. Evaluating and Selecting Solutions

Solution Selection
- Identify things that are same
- Focus on "doable now"
- Look at sequence
- Prioritize
- Get consensus

IV. Implementation
- Action plan (what, when, who)

V. Follow Up
- Set up next meeting date

For individuals without disabilities, technology makes things easier.....
For individuals with disabilities, technology makes things possible!

This model adapted from the SETT Framework (author Joy Zabala) and RIATT Online Course: Assistive Technology Assessment: The Decision Making Process

WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY REFERRAL

Student Information/Background:

Student Name: _____School:_____

D.O.B.:_____ Age: _____ Gender: _____

Exceptionality/Disability: _____

Current Therapy Services: _____ ESE Teacher:_____

Parent/Guardian: _____ Phone: _____

Address:_____

Referral Questions:

New ATEN referral: What is the presenting problem?

☐ Communication ☐ Hearing ☐ Vision ☐ Academics ☐ Behavior ☐ Physical ☐ Emotional ☐ Other

IEP Renewal Date: _____

Does the Student experience deficits in:

☐ speech ☐ hearing ☐ vision ☐ language-receptive ☐ expressive ☐ motor skills
☐ social-emotional skills ☐ academic skills ☐ cognition/memory/attention

What prior evaluation/assessment results are available?

What technology has been employed previously?

☐ reduced academic demands due to attention/endurance ☐ highlighted text
☐ communication board ☐ pencil grips ☐ other

Would you suggest any of the following to enhance the student's daily performance?

☐ auditory-listening system ☐ special software ☐ communication board ☐ vision aid
☐ speech output software ☐ alternative keyboard
☐ personal aide ☐ other

Assessment Questions

Can the student be accurately assessed with standard assessment procedures?

What accommodations, if any, should be provided during the assessment for:

☐ seating positioning ☐ test modifications ☐ adaptive writing ☐ speaking aids
☐ alternate response formats ☐ extended test time ☐ test administration strategies
☐ none ☐ other

Additional Assessment Questions

Does student need specialized assessment for:

☐ adaptive seating ☐ augmentative communication ☐ environmental control
☐ mobility ☐ self-care (computer adaptation, special software?) ☐ none needed
☐ other

Are the services of a specialist needed? ☐ Yes ☐ No

Narrative

Please write any additional information you feel may be helpful.

_____

Signature Date

WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY ADDITIONAL CONCERNS

Student Name:_____ School:_____

Referral Questions:
What is the presenting problem?
☐ Communication ☐ Hearing ☐ Vision ☐ Academics ☐ Behavior
☐ Physical ☐ Emotional ☐ Other_____

IEP Renewal Date:_____

Does the Student experience deficits in:
Communication Skills
☐ speech ☐ hearing ☐ vision ☐ language-receptive ☐ expressive
☐ motor skills ☐social-emotional skills ☐ academic skills ☐ cognitive/memory/attention
What technology has been employed previously?
☐ reduced academic demands due to attention/endurance ☐ highlighted text
☐ communication board ☐ pencil grips ☐ ther_____

What prior evaluation/assessment results are available? _____

_____

Assessment Questions
Can the student be accurately evaluated with standard assessment procedures?

What accommodations, if any, should be provided during the assessment for:
☐ seating positioning ☐ test modifications ☐ adaptive writing ☐ speaking aids
☐ alternate response formats ☐ extended test time ☐ test administration strategies
☐ none ☐ other_____

Narrative

Please write any additional information you feel may be helpful._____

_____

_____
Signature Date

WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY CHECKLIST

Student Name:_____Date:_____

WRITING

Mechanics of Writing

- ☐ Pencil/pen with adaptive grip
- ☐ Adapted paper (e.g., raised line, highlighted lines)
- ☐ Slantboard
- ☐ Typewriter
- ☐ Portable word processor
- ☐ Computer
- ☐ Other:

Computer Access

- ☐ Keyboard w/Easy Access or Access DOS
- ☐ Word prediction, abbreviation/expansion to reduce keystrokes
- ☐ Keyguard
- ☐ Arm Support (e.g. Ergo Rest)
- ☐ Track ball/track pad/joystick w/on-screen keyboard
- ☐ Alternate keyboard (e.g., IntelliKeys, Discover Board, TASH)
- ☐ Mouth Stick/Head Master/Tracker w/on-screen keyboard
- ☐ Switch with Morse code
- ☐ Switch with scanning
- ☐ Voice recognition software
- ☐ Other:

Composing Written Material

- ☐ Word card/wordbook/word wall
- ☐ Pocket dictionary/Thesaurus
- ☐ Electronic/talking electronic dictionary/thesaurus/spell checker (e.g., Franklin Bookman)
- ☐ Word processor w/spell checker/grammar checker
- ☐ Word processor w/word prediction (e.g., Co:Writer) to facilitate spelling and sentence construction
- ☐ Talking word processor for multisensory typing
- ☐ Multimedia software for expression of ideas (assignments)
- ☐ Voice recognition software
- ☐ Other:

Communication

- ☐ Communication board/book with pictures/objects/letters/words
- ☐ Eye gaze board/frame
- ☐ Simple voice output device (e.g., BigMack, Cheap Talk, Voice in a Box, MicroVoice, Talking Picture Frame, Hawk)
- ☐ Voice output device w/levels (e.g., 6 Level Voice in a box, Macaw, Digivox
- ☐ Voice output device w/dynamic display (e.g., Dynavox, Speaking Dynamically w/laptop computer/Freestyle)
- ☐ Device w/speech synthesis for typing (e.g., Cannon Communicator, Link, Write:Out Loud w/laptop computer
- ☐ Other:

READING, STUDYING, AND MATH

Reading

- ☐ Changes in text size, spacing, color, background color
- ☐ Book adapted for page turning (e.g. page fluffers, 3-ring binder)
- ☐ Use of pictures with text (e.g., Picture It, Writing with symbols)
- ☐ Talking electronic device/software to pronounce challenging words (e.g., Franklin Bookman, American Heritage Dict.)
- ☐ Scanner w/OCR and talking word processor
- ☐ Electronic books
- ☐ Other:

Learning/Studying

- ☐ Print or picture schedule
- ☐ Low Tech aids to find materials (i.e., index tabs, color coded folders)
- ☐ Highlight text (e.g. markers, highlight tape, ruler, etc.)
- ☐ Voice output reminders for assignments, steps of task, etc.
- ☐ Software for manipulation of objects/concept development (e.g., Blocks in Motion, Toy Store)- may use alternate input device, e.g., switch, touch window
- ☐ Software for organization of ideas and studying (e.g., Inspiration, Claris Works Outline, PowerPoint, etc.)
- ☐ Recorded material (books on tape, taped lectures with number coded index, etc.)
- ☐ Other:

Math

- ☐ Abacus/Math Line
- ☐ Calculator/calculator with print out
- ☐ Talking calculator
- ☐ Calculator w/large keys and/or large LCD print out
- ☐ On-screen calculator
- ☐ Software for manipulation of objects
- ☐ Tactile/voice output measuring devices (e.g., clock, ruler)

Math (cont'd)

- ☐ Other:

Recreation and Leisure

- ☐ Adapted toys and games (e.g., toy with adaptive handle)
- ☐ Use of battery interrupter and switch to operate a toy
- ☐ Adaptive sporting equipment (e.g., lighted/bell ball, Velcro mitt)
- ☐ Universal cuff to hold crayons, markers, paint brush
- ☐ Modified utensils (e.g., rollers, stampers, scissors)
- ☐ Ergo Rest to support arm for drawing/painting
- ☐ Drawing/graphic program on computer (e.g., Kidd Pix, Blocks in Motion)
- ☐ Playing games on the computer
- ☐ Music software on computer
- ☐ Other:

Activities of Daily Living (ADLs)

- ☐ Adaptive eating devices (e.g., foam handle on utensil)
- ☐ Adaptive drinking devices (e.g., cut with cut out rim)
- ☐ Adaptive dressing equipment (e.g., button hook, reacher)
- ☐ Other:

Mobility

- ☐ Walker
- ☐ Grab rails
- ☐ Manual wheelchair
- ☐ Powered mobility toy (e.g., Cooper Car, GoBot)
- ☐ Powered wheelchair w/joystick, head switch or sip/puff control
- ☐ Other:

Environmental Control

- ☐ Light switch extension
- ☐ Use of Power link and switch to turn on electrical appliances (e.g., radio, fan, blender, etc.)
- ☐ Radio/ultra sound/remote controlled appliances
- ☐ Other:

Positioning and Seating

- ☐ Non-slip surface on chair to prevent slipping (e.g., Dycem)
- ☐ Bolster, rolled towel, blocks for feet
- ☐ Adapted/alternate chair, sidelyer, stander
- ☐ Custom fitted wheelchair or insert
- ☐ Other:

Vision

- ☐ Eye glasses
- ☐ Magnifier
- ☐ Large print books
- ☐ CCTV (closed circuit television)
- ☐ Screen magnifier (mounted over screen)
- ☐ Screen magnification software (e.g., Close View, Zoom Test)
- ☐ Screen color contrast (e.g., Close View)
- ☐ Screen reader (e.g., OutSpoken), text reader
- ☐ Braille translation software
- ☐ Braille printer
- ☐ Enlarged or Braille/tactile labels for keyboard
- ☐ Alternate keyboard with enlarged keys
- ☐ Braille keyboard and not taker (e.g., Braille 'n Speak)
- ☐ Other:

Hearing

- ☐ Pen and paper
- ☐ Computer/portable word processor
- ☐ TTY for phone access w/or w/o relay
- ☐ Signaling device (e.g., flashing light or vibrating pager)
- ☐ Closed Captioning
- ☐ Real Time captioning
- ☐ Computer aided notetaking
- ☐ Screen flash for alert signals on computer
- ☐ Personal amplification system
- ☐ Hearing Aid
- ☐ FM system
- ☐ Loop system
- ☐ Infrared system
- ☐ Phone amplifier
- ☐ Other

COMMENTS:

WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY ASSESSMENT
Information

Name _____ D.O.B. _____ Date _____

School/Teacher _____ Phone _____ Exceptionality _____

Grade Level _____ Ability Levels_____

Other Services _____
_____

Diagnosis _____

Seizures _____ Yes/No (Type, if known) _____

Medications:_____

Medical Issues: Are there any additional medical records available that should be reviewed prior to any technology assessment? ☐ Yes ☐ No

If so, please list _____

WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY ASSESSMENT

FUNCTIONAL VISUAL SKILLS

Student Name:_____

Glasses worn? ☐ Yes ☐ No Condition of lenses _____ Strong blink reflex? ☐ voluntary ☐ involuntary

Is eye exam report available? ☐ Yes ☐ No

Light response: ☐ fixates on source ☐ blinks ☐ avoids ☐ reaches for source

Focuses on object/picture? ☐ 6 inch ☐ 4 inch ☐ 2 inch ☐ 1 inch ☐ other

Shifts gaze between: ☐ 2 stimulus ☐ 4 stimulus ☐ 6 stimulus

Visually tracks: ☐ vertically ☐ horizontally ☐ circularly ☐ diagonally

Moves eyes separate from head: ☐ Yes ☐ No Moves eyes only with head: ☐ Yes ☐No

Peripheral Vision: ☐ right ☐ left ☐ top Can localize on the screen/board: ☐ Yes ☐ No

Can discriminate on "busy" screen/board: ☐ Yes ☐ No

Identifies/matches ☐ simple black line drawing ☐ colored pictures

Print size _____

Scanning pattern: ☐ linear ☐ row/column

Comments:

_____
Signature Date

Adapted from Collier County

WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY ASSESSMENT

HEARING

(*A hearing specialist should be consulted to complete this section.)*

Student Name:_____

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:

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

Student's Eye Contact and Attention to Communication: (Check best descriptor)

☐ Poor ☐ Inconsistent ☐ Limited ☐ Good ☐ Excellent

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

	School	**Home**	**Community**
☐ Body language	☐	☐	☐
☐ Gestures	☐	☐	☐
☐ Speech	☐	☐	☐
☐ Cued speech	☐	☐	☐
☐ Pictures cues	☐	☐	☐
☐ Written messages	☐	☐	☐
☐ Lip reading	☐	☐	☐
☐ Signs and speech together	☐	☐	☐
☐ Signed English	☐	☐	☐
☐ Pidgen Sign Language	☐	☐	☐
☐ American Sign Language (ASL)	☐	☐	☐
Level of receptive proficiency in each environment			
☐ Single words	☐	☐	☐
☐ Combinations of two or more words	☐	☐	☐
☐ Understands majority of communications	☐	☐	☐

Adapted from Wisconsin Assistive Technology Initiative

ASSISTIVE TECHNOLOGY ASSESSMENT
HEARING Page 2

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

Equipment Currently Used: (Check all that apply)

☐ Hearing aids ☐ Telecaption Decoder ☐ Vibrotactile Devices
☐ TTY ☐ Cochlear Implant ☐ Classroom Amplification System
☐ Other:

Service Currently Used: (Check all that apply)

☐ Note taker
☐ Educational interpreter using: ☐ ASL ☐ Transliterating ☐ PSE ☐ Oral

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

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)

Current Reading Level: _____

Is There a Discrepancy Between Receptive and Expressive Abilities: ☐ Yes ☐ No
If yes, describe further:_____

_____

Summary of Hearing Abilities and Concerns: _____

_____

_____

_____

_____

_____
Signature **Date**

Adapted from Wisconsin Assistive Technology Initiative

WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY ASSESSMENT
MOTOR/ACCESS SKILLS

Student Name:_____

MOTOR/ACCESS SKILLS

Ambulatory: ☐ independent ☐ crutches ☐ walker

Daily equipment/seating (please circle):

Prone Stander	Side Lyer	Long Leg Sitter	
Universal Chair	Jet Mobile	Floor sitter	Kneeling Position
Regular Chair	Gail Trainer	Supine Stander	Other

Stability: ☐ Excellent ☐ Fair ☐ Poor ☐ Emerging

Can student carry object while walking? ☐ Yes ☐ No

Non-ambulatory: ☐ Wheelchair: ☐ manual ☐ powered ☐ Other

Wheelchair Mobility: ☐ Self-propels (excellent/good/poor) ☐ Requires assistance

Head control: ☐ With support ☐ Independent ☐ How long?

Trunk control: ☐ With support ☐ Independent ☐ How long?

Arm control: Direct reach: ☐ right ☐ left Dominant arm: ☐ right ☐ left

Utilizes: ☐ Touch screen ☐ Single switch ☐ Modified keyboard

Range: ☐ Full range table top ☐ Cannot cross midline (right/left) ☐ Touch screen

Hand control: ☐ Palmer grasp ☐ Pincer grasp ☐ Isolated finger movements
☐ Voluntary release: ☐ Yes ☐ No Hold down time
_____Release time

Reflexes: ☐ ATNR (right/left) ☐ STNR ☐ Startle

Fatigue Level:

Comments:

_____
Signature Date

Adapted from Collier County

WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY ASSESSMENT
COMMUNICATION

Student Name: _____

Does the student have functioning hearing? ☐ Yes ☐ No (if no, describe)

Auditory Processing Abilities: ☐ Needs repetition ☐ Functional ☐ Comprehension

Language spoken at home _____ Multi-lingual? (List)

Speech/Language abilities: ☐ ID Objects ☐ Pictures ☐ People ☐ Places ☐ Verbs

Number of words in vocabulary _____
Mean length utterance_____

Pragmatics: ☐ Shows intent ☐ Requests ☐ Interacts ☐ Make Choices

Speech Intelligibility: ☐ Strangers ☐ Familiar Listeners ☐ Unintelligible?

Does the student: ☐ Vocalize ☐ Vocal Play ☐ Use Picture Vocabulary

Does the student imitate: ☐ Vocalizations ☐ Word Approximations ☐ Novel Words

Echolalia speech: ☐ Yes ☐ No

Vocabulary selection: ☐ Categories ☐ Basic Needs

Non-speech communication: ☐ Gestures ☐ Reaches ☐ Points ☐ Facial Expressions

Augmentative communication: ☐ Signs ☐ Consistent: ☐ Yes
☐ No
(describe)_____

☐ Eye pointing ☐ Word/Symbol Board ☐ Technical aid (specify)

Communication Needs: ☐ Basic Wants/Needs ☐ Peer Interaction
☐ Communication for Vocational Setting

Communication Partners: ☐ Parents ☐ Peers ☐ Customers ☐ Administrators ☐ Teachers

Comments: _____
_____
_____

_____
Signature Date

WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY ASSESSMENT
FINE MOTOR/ADAPTIVE SKILLS

Student Name:_____

FINE MOTOR

Student performs bimanual functions:
Brings hand to midline:
Symmetrical activities ☐ Asymmetrical activities ☐
Student uses (left/right) hand for manipulatives.
Student uses (reflexive/palmer/radial digital/pincer) grasp.
Student uses (left/right) hand for pencil/paper activity.
Student handedness is (not established/emerging/established).
Student holds pencil using _____ grasp.
Student is able to cut/snip (straight/curved/angled) lines and (simple/complex) shapes.

ADAPTIVE

Mealtime

Student eats ☐ table ☐ chopped ☐ mashed ☐ pureed ☐ G-tube
Describe position for eating_____
Describe adaptive utensils_____
An aide provides assistance _____

Bathroom

Student can: ☐ open doors ☐ pull pants up/down ☐ manage fastners
☐ transfer on/off toilet ☐ use toilet paper ☐ wash/dry own hands

Describe adaptive equipment used_____
An aide provides assistance _____

Sensory

Describe effects of environmental/sensory stimulation on students arousal level

_____

_____

Comments_____
_____
_____

_____
Signature Date

WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY ASSESSMENT
READING

1. **Grade Level:** Student is placed in grade:_____. Student reads at _____ grade level.
   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

3. **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:_____
   _____

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

_____

_____

_____

5. **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

6. **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:_____

_____

_____

_____

_____

_____
Signature Date

WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY ASSESSMENT
WRITING

1. **Current writing ability:** (Check all that apply.)

- ☐ Can hold regular pencil
- ☐ Can hold pencil when adapted with:
- ☐ Holds pencil, but does not write
- ☐ Can print a few words
- ☐ Can print name
- ☐ Can write cursive
- ☐ Writing is limited due to fatigue
- ☐ Writing is slow and arduous
- ☐ Can copy simple shapes
- ☐ Can copy simple words
- ☐ Can copy from board
- ☐ Can write on 1" lines
- ☐ Can write on narrow lines
- ☐ Can use spacing correctly
- ☐ Can size writing to fit spaces
- ☐ Can write independently and legibly

2. **Assistive technology used:** (Check all that apply.)

- ☐ Paper with heavier lines
- ☐ Specialpencil or marker
- ☐ Computer
- ☐ Paper with raised lines
- ☐ Splint or pencil holder
- ☐ Pencil grip
- ☐ Typewriter
- ☐ Other:_____ _____

3. **Current keyboarding ability:** (Check all that apply.)

- ☐ Does not currently type
- ☐ Accidentally hits unwanted keys
- ☐ Uses mini keyboard to reduce fatigue
- ☐ Uses Touch Window
- ☐ Uses access software
- ☐ Can access keyboard with head or mouthstick
- ☐ Uses switch to access computer
- ☐ Uses alternative keyboard
- ☐ Uses Morse code to access computer
- ☐ Can type slowly, with one finger
- ☐ Requires arm or wrist support to type
- ☐ Can active desired key on command
- ☐ Can type slowly, with more than one finger
- ☐ Uses adapted or alternate keyboard such as:
- ☐ Other:

4. **Computer use:** (Check all that apply.)

- ☐ Has never used a computer
- ☐ Uses computer for games
- ☐ Uses computer's spell check
- ☐ Uses computer at school
- ☐ Uses computer at home
- ☐ Uses computer for word Processing
- ☐ 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:

☐ 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 writing: _____

_____

_____

_____

Signature

WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY ASSESSMENT

BEHAVIORAL SKILLS

Student Name: _____

Retains directions: ☐ Yes ☐ No

Can understand and follow verbal directions: ☐ Yes ☐ No Steps: ___ 1 ___ 2 ___ 3

Can understand and read written directions: ☐ Yes ☐ No

Attends to task: ☐ Yes ☐ No How many minutes:

Initiates tasks independently: ☐ Yes ☐ No

Stays on task: Minimal Prompts _____ Frequent Prompts

Distractibility: ☐ Easily ☐ Occasionally

Self-stimulatory behaviors (describe): _____

_____

Impulsive behaviors (describe):_____

_____

_____

Responsible for property: ☐ Yes ☐ No (Comments)

Student preferences:
Activities _____

_____

Motivators _____

_____

_____
Signature Date

Adapted from Collier County

Student Name: _____ **School:** _____

Daily Equipment Utilized: _____

_____

_____

Balance: Sitting: Static: _____ Dynamic: _____

Supported ☐ Yes ☐ No Supported ☐ Yes ☐ No

Static _____ Dynamic _____

Supported ☐ Yes ☐ No Supported ☐ Yes ☐ No

Transfer Ability: _____

_____

_____

Ambulatory Status: _____

_____

Wheelchair Mobility: ☐ self propel ☐ requires assistance

Comments: _____

_____

Control:

Head	☐ Yes	☐ No	Comments: _____
Eyes	☐ Yes	☐ No	Comments: _____
Trunk	☐ Yes	☐ No	Comments: _____
Lower extremities	☐ Yes	☐ No	Comments: _____

Posture: _____

_____

_____

Range of Motion: _____

_____

Neurological Status: _____

_____

Functional Endurance Status: _____

_____

Additional Comments:

WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY ASSESSMENT
MOBILITY

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

- ☐ Walks independently
- ☐ Walks with assistance
- ☐ Needs extra time to reach destination
- ☐ Crawls, rolls, 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:_____

_____

_____

_____

_____

_____

Signature Date

WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY ASSESSMENT
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
- ☐ 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
- ☐ Sits in regular chair w/ pelvic belt or foot rest
- ☐ Needs adapted chair
- ☐ Sits comfortably in wheelchair most of day
- ☐ Wheelchair in process of being adapted to fit

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:_____

_____

_____

_____

_____

_____

Signature Date

WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY

TECHNOLOGY HISTORY

Student Name: _____

Please describe past technology successes and failures in the following areas:

Computer: (Type, keyboard, etc.) _____

Adaptations: (Key guard, moisture guard, key repeat/delay, etc.)_____

Peripherals: (Ke:nx, switch interfaces, touch window, Echo, etc.)
Software: (Co-Writer, Write Out Loud, Claris Works, Easy Access, switch software, etc.)

_____

Input method: (Switches, pointers, other (please specify)

Augmentative history: (Picture/symbol board, Picture Exchange, Object Board, Wolf, etc. (please specify)_____

_____

_____

_____

_____

_____
Signature Date

Adapted from Collier County

WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY ASSESSMENT
LATS INTERVENTION DATA DOCUMENTATION

Student Name: _____ D.O.B.:_____

School: _____

Dates of Trial Intervention: _____

Device/Equipment Utilized: _____

_____

_____

Person(s) Completing Form: _____

_____

Additional Comments/Notes: _____

_____

_____

_____

_____

_____

_____

_____
Signature Date

_____
Signature Date

_____
Signature Date

Adapted from Collier County

WAKULLA COUNTY SCHOOLS
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY LOAN AGREEMENT

(Used for any equipment that travels with the student from class to class and/or home)

The following Assistive Technology equipment is being placed on loan at_____
Location

on _____ to be used with _____
Date out **Student**

for _____.
Loan term

Property No. _____

Item(s) Name(s) _____

Serial No. _____

Vendor _____

Assigned to: _____ _____
Student Name Signature

_____ _____
Teacher Name Signature

Date Due: _____ Date Returned: _____

Delivered by: _____Returned by:_____

Adapted from Collier County

WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY ASSESSMENT
TRAINING LOG FOR ASSISTIVE TECHNOLOGY

Student: _____ Teacher/Placement: _____
LATS Manager: _____ School:_____
Technology/Equipment: _____

Date	Training Completed	Provided By	Name of Trainee	Comments

Adapted from Collier County

WAKULLA COUNTY SCHOOLS
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY ACTION PLAN

What will be done....	Who will do....	When....

Team Members Present:

Name	Title
Name	Title
Name	Title
Name	Title