

Communication

- ☒ Wants/Needs – list examples Gives glass to adult for drink, coat for going home
- ☒ Social interactions – list examples will lean into adult for hug / will grab adult hand for "peek-a-boo" game
- ☐ Social etiquette - list examples _____
- ☒ Denials/rejections – list examples walks away / cries / pushes objects away
- ☐ Shared information, including joint attention – list examples _____

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 checked="" type="checkbox"/>	<input type="checkbox"/>
Teachers/therapists	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian	<input type="checkbox"/>	<input checked="" 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. difficult to tell, does some responses that indicate he understands more than he can respond to.

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. _____

5. Communication Interaction Skills
Desires to communicate? ☐ Yes ☒ NoTo 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

(Continued on next page)

Does the student (check best descriptor)	Always	Frequently	Occasionally	Seldom	Never
Turn toward speaker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get other's attention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interact with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Show awareness of listener's attention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiate interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Respond to communication interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Request clarification from communication partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Repair communication breakdowns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Require verbal prompts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Require physical prompts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain communication exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Terminate communication	<input type="checkbox"/>	<input checked="" 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.).

with familiar routines will pull adult or verbalize

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
☐ Requires scanning
☐ Requires auditory preview
☐ One reliable switch site ☐ More than one reliable switch site
☐ 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.) Number of symbols
☐ Yes ☒ No md (bathroom, break, snack, song, Auditory discrimination of sounds
☐ Yes ☒ No Auditory discrimination of words, phrases
☒ Yes ☐ No Selects initial letter of word Some
☒ Yes ☐ No Follows simple directions Some times

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☒ ☐ No Sight word recognition Number of words _____

Yes

☒ ☐ No Recognizes environmental print Some school/room signs

Yes

☒ ☐ No Puts two symbols or words together to express an idea when prompted

Yes

List any other reading or pre-reading skills that support communication Can match some pictures to words in therapy room.

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

☒ Maintains fixation on stationary object

☐ Looks to right and left without moving head

☒ Visually recognizes people

☐ Scans matrix of symbols in a grid

☒ Visually recognizes common objects

☐ Scans line of symbols left to right

☒ Visually recognizes photographs

☒ Visually shifts horizontally

☒ Visually recognizes symbols or pictures

☐ Visually shifts vertically

☐ Needs additional space around symbol ?

☒ Looks at communication partner

☐ Requires high contrast symbols or borders ?

☐ Benefits from "zoom" feature ?

when he wants something

Is a specific type (brand) of symbols or pictures preferred? we only have mayer johnson

What size symbols or pictures are preferred? Seems to be able to handle 1"

What line thickness of symbols is preferred? ? inches

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

Explain anything else you think is significant about the communication system the student currently uses or his/her needs (Use an additional page if necessary) we just started using

Some video modeling and this seems to help
fore shadow activities, loves using iPad quick
to learn program locations, great at matching games
& memory skill games, likes to use magnetic words
to match objects names just started watching
adults mouths as they talk and tries to immitate
with her mouth.

9. Sensory Considerations:

Does the student have sensitivity to:

☐ Velcro

☐ Synthesized (computer generated) voices

☒ Volume

☐ Switch feedback (clicking noise)

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☒ Tactile sensations

☐ Other

Explain student's reaction to any of the checked items loud noises set her
off, she sometimes perseverates on rough textures
and things with strings attached.

What are the communication expectations for the student in different environments?

School (regular and special ed., with peers, formal and informal- such as lunch room settings) answer simple questions about stories,
complete simple worksheets,

Home ask for help when needed rather than
become frustrated

Community (stores, restaurants, church, library, etc.) tell what has
happened when outside home/school • transition
into other environments easily

Summary of Student's Abilities and Concerns Related to Communication including past AT used to support student's communication

Being able to handle technology and use
videos + pictures to foreshadow and practise
new skills, environments • Have readily available
visual supports to participate in conversations
about school lessons and social talk.

WATI Student Information Guide

SECTION 3

Computer and Device Access

1. AT UseList current AT Ipod, Ipad, PCWhat difficulty is the student having with current method of access? noneWhat AT has been tried previously? See above**2. Current Computer Access - How does the student currently access the computer?**

- | | |
|---|---|
| <input type="checkbox"/> Doesn't access the computer | <input type="checkbox"/> Adapted keyboard/mouse _____ |
| <input checked="" type="checkbox"/> Regular keyboard/mouse/touchpad | <input type="checkbox"/> Specialized Software _____ |
| <input type="checkbox"/> Touch type with two hands | <input type="checkbox"/> Head _____ |
| <input type="checkbox"/> Hunt/peck with one hand | <input type="checkbox"/> Speech recognition _____ |
| <input type="checkbox"/> Touch type with one hand | <input type="checkbox"/> Switch scanning _____ |
| <input checked="" type="checkbox"/> Hunt/peck with one hand | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Touchscreen | |

3. Current Device Access - Type of device Ipod Ipad

How does the student currently access the device?

<input type="checkbox"/> Doesn't access	<input type="checkbox"/> Uses assistive touch features to access
<input type="checkbox"/> 2 hand touch and hardware buttons	<input type="checkbox"/> Speech recognition
<input checked="" type="checkbox"/> 1 hand touch and hardware buttons	<input type="checkbox"/> Single switch access
<input checked="" type="checkbox"/> Single finger touch gestures	<input type="checkbox"/> Multi switch access
<input type="checkbox"/> Multi finger touch gestures	<input type="checkbox"/> Speech recognition
<input type="checkbox"/> Head pointer access	<input type="checkbox"/> Adapted keyboard _____
	<input type="checkbox"/> Other _____

3. Physical AbilitiesDoes student have limitations to range of motion? ☐ Yes ☒ NoDoes student have abnormal reflexes or abnormal muscle tone? ☐ Yes ☒ NoDoes student have difficulty with accuracy? ☒ Yes ☐ NoDoes student fatigue easily? ☐ Yes ☒ NoDescribe how physical abilities affect computer or device use. if she doesn't look when she touches she may hit wrong picture on screen (distracted by other things happening in room)

4. Motor Control

Does the student have voluntary, controlled movement of the following? (check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Right hand | <input type="checkbox"/> Left hand | <input checked="" type="checkbox"/> Head |
| <input checked="" type="checkbox"/> Right arm | <input checked="" type="checkbox"/> Left arm | <input checked="" type="checkbox"/> Eyes |
| <input checked="" type="checkbox"/> Right leg | <input checked="" type="checkbox"/> Left leg | <input checked="" type="checkbox"/> Mouth |
| <input checked="" type="checkbox"/> Right foot | <input checked="" type="checkbox"/> Left foot | <input type="checkbox"/> Voice (Speech) |
| <input checked="" type="checkbox"/> Finger(s) | <input type="checkbox"/> Other _____ | |

5. Positioning

How is the student positioned for computer access?

- ☐ Regular classroom chair
- ☐ Regular classroom chair with adaptations _____
- ☐ Specialty chair _____
- ☐ Wheelchair _____
- ☒ Other Stands and rocks back + forth

6. SensoryDoes the student have any difficulty with hearing or auditory processing? ☐ Yes ☐ No ☒ not sureDoes the student have any difficulty with vision or visual processing? ☐ Yes ☐ No ☒ not sureDescribe how sensory abilities affect computer use. there have not been any reports about vision or hearing issues, but we notice some differences in attention when the room is "busy"**7. Literacy**

Is the student working at grade level in the following areas?

- Reading ☒ Yes ☐ No AT. This young age
- Composition ☒ Yes ☐ No attending may be a bit different
- Spelling ☒ Yes ☐ No than other 4 yr. olds but
- Math ☒ Yes ☐ No within the range
- Computer Skills ☒ Yes ☐ No _____

8. Summary of Students Abilities and Concerns Related to Computer Access

is good at mouse and tablet use.

Can isolate finger to hit keys on keyboard.

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SECTION 4 Motor Aspects of Writing

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

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

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

- | | |
|--|---|
| <input type="checkbox"/> 10 finger typing (functional speed) | <input type="checkbox"/> Uses alternate keyboard (list) _____ |
| <input type="checkbox"/> Multi finger typing (functional or slow) | <input type="checkbox"/> Uses access software (list) _____ |
| <input type="checkbox"/> One finger typing (functional or slow) | <input type="checkbox"/> Uses touch window |
| <input type="checkbox"/> Does not currently type | <input type="checkbox"/> Uses head or mouth stick |
| <input checked="" type="checkbox"/> Activates desired key on command | <input type="checkbox"/> Uses switch to access computer |
| <input type="checkbox"/> Accidentally hits unwanted keys | <input type="checkbox"/> Uses Morse code to access computer |
| <input type="checkbox"/> Requires arm or wrist support to type | <input type="checkbox"/> Other _____ |

3. Computer Use (including tablet computer) (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Uses a computer for word processing | <input checked="" type="checkbox"/> Uses computer at school |
| <input type="checkbox"/> Uses a computer for Internet searches | <input type="checkbox"/> Uses computer at home |
| <input type="checkbox"/> Uses a computer for spell check | <input type="checkbox"/> Has never used a computer |
| <input checked="" type="checkbox"/> Uses computer for leisure (games, music, IM) | _____ |

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☐ Uses computer for other

(list) _____

☐ Has potential to use computer but has not used a computer because _____

☐ Uses computer rarely (less than 1x/weekly)

☐ Uses computer daily

☐ Student uses computer for one or more subjects (list subjects) _____

4. Assistive Technology Currently Used (Check all that apply.)

- ☐ Adapted pencils-pencil grips
- ☐ Adapted papers
- ☐ Writing templates
- ☐ Adapted/portable keyboards
- ☐ Computers with accessibility features
- ☒ Tablet/mobile device, type or brand name Ipad
- ☐ Adaptive Software: text to speech; word prediction; voice recognition _____
- ☐ Scanned worksheets
- ☐ Other _____

5. Computer Availability

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

- ☒ PC
- ☐ Macintosh
- ☒ tablet, (type: ipad, ipad)
- ☐ Desktop
- ☐ Laptop
- ☐ Other _____

Location: 4k room + speech room

Summary of Student's Abilities and Concerns Related to Writing _____

not too interesting in writing with pens or
pencils, likes tracing on Ipad and moving
magnetic letters around to duplicate a model