WATI Student Information Guide
Referral/Question Identification Guide

Student's Name _____ Date of Birth _____ Age _____

School _____ Grade _____

School Contact Person _____ Phone _____

Person Completing Guide _____ Date _____

Parent(s) Name: _____ Phone _____

Address _____

Student's Primary Language _____ Family's Primary Language _____

Disability: (Check all that apply.)

☐ Speech/Language ☐ Significant Developmental Delay ☐ Specific Learning Disability

☐ Cognitive Disability ☐ Other Health Impairment ☐ Hearing Impairment

☐ Traumatic Brain Injury ☐ Autism ☐ Vision Impairment

☐ Emotional/Behavioral Disability ☐ Orthopedic Impairment – Type:_____

Current Age Group:

☐ Birth to Three ☐ Early Childhood

☐ Elementary ☐ Middle School ☐ Secondary

Classroom Setting:

☐ General Education ☐ Resource Room

☐ Self-contained ☐ Home ☐ Other: _____

Current Service Providers:

☐ Occupational Therapy ☐ Physical Therapy ☐ Speech/Language

☐ Assistive Technology ☐ Other(s): _____

Medical Considerations (Check all that apply)

☐ History of seizures ☐ Fatigues easily

☐ Has degenerative medical condition ☐ Has frequent pain

☐ Has multiple health problems ☐ Has frequent upper respiratory infections

☐ Has frequent ear infections ☐ Has digestive problems

☐ Has allergies to _____

☐ Currently taking medication for _____

☐ Other – Describe briefly _____

_____

Other Issues of Concern _____

Assistive Technology Current Used: (Check all that apply).

- ☐ None
- ☐ Manual Communication Board
- ☐ Low Tech Vision Aids
- ☐ Environmental Control Unit/EADL
- ☐ Manual Wheelchair
- ☐ Voice Recognition
- ☐ Low Tech Writing Aids
- ☐ Augmentative Communication System
- ☐ Amplification System
- ☐ Computer – Type (platform) _____
- ☐ Power Wheelchair
- ☐ Word Prediction
- ☐ Adaptive Input – Describe _____
- ☐ Adaptive Output – Describe _____
- ☐ Other _____

Assistive Technology Tried: Please describe any other assistive technology previously tried, length of trial, and outcome (how did it work or why didn't it work).

AT Tried	Length/dates of trail	Outcome

Has the WATI Consideration Guide been completed for this student? If so, please attach it.

REFERRAL QUESTION

What task(s) does the student need to do that is currently difficult or impossible, and for which assistive technology may be an option? _____

_____

Based on the referral question, select the sections of the Student Information Guide to be completed. (Check only those that apply).

- ☐ Section 1 Seating, Positioning and Mobility
- ☐ Section 2 Communication
- ☐ Section 3 Computer and Device Access
- ☐ Section 4 Motor Aspects of Writing
- ☐ Section 5 Composition of Written Material
- ☐ Section 6 Reading
- ☐ Section 7 Mathematics
- ☐ Section 8 Organization
- ☐ Section 9 Recreation and Leisure
- ☐ Section 10 Vision
- ☐ Section 11 Hearing
- ☐ Section 12 General

Now proceed to the Sections you checked and fill in the answers to the questions.

WATI Student Information Guide

SECTION 2
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. # _____
☐ 2-word utterances ☐ 3-word utterances
☐ Semi-intelligible speech, estimate % intelligible with familiar partner: _____ with unfamiliar partner: _____
in familiar context: _____ in unknown context _____.
☐ Communication board ☐ Tangibles ☐ Photos ☐ Symbols ☐ Visual Scenes
☐ Combination symbols/words ☐ Words
☐ 2 symbol combinations – list examples _____
☐ 3 or more symbol combinations – list examples _____
☐ Communication book/binder – number of pages in book/binder _____
Does student navigate to desired page/message independently? ☐ yes ☐ no
☐ Schedule board(s) – list examples _____
☐ Speech Generating device(s) – please list _____
☐ Multiple overlays or levels – list examples _____
☐ Partner Assisted Scanning – please describe strategies and communication system _____
_____
☐ Intelligible speech ☐ Writing ☐ Other _____
Comments about student's present means of communicating: _____
_____

2. Purposes of Communication: (List examples after each one checked.)
☐ Greeting _____
☐ Requesting _____
☐ Demanding _____
☐ Interacting socially _____
☐ Social etiquette _____
☐ Denials/rejections _____
☐ Shared information, including joint attention _____

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

	Most of the time	Part of the time	Rarely	Not Applicable
Strangers	☐	☐	☐	☐
Teachers/therapists	☐	☐	☐	☐
Peers	☐	☐	☐	☐
Siblings	☐	☐	☐	☐
Parent/Guardian	☐	☐	☐	☐

4. 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: _____

_____

5. 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. _____

How many symbols/signs/words does the student use regularly without a model/prompt? _____

Does the student combine symbols/signs/words without a prompt? ☐ Yes ☐ No

6. 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

(Continued on next page)

7. **Does the student:** (check best descriptor)

	Always	Frequently	Sometimes	Seldom	Never
Turn toward speaker?	☐	☐	☐	☐	☐
Get other's attention?	☐	☐	☐	☐	☐
Interact with peers?	☐	☐	☐	☐	☐
Show awareness of listener's attention?	☐	☐	☐	☐	☐
Initiate interactions?	☐	☐	☐	☐	☐
Ask questions?	☐	☐	☐	☐	☐
Respond to communication interaction?	☐	☐	☐	☐	☐
Ask for clarification from communication partner?	☐	☐	☐	☐	☐
Repair communication breakdowns?	☐	☐	☐	☐	☐
Change language according to needs of listener?	☐	☐	☐	☐	☐
Take turns with communication partner?	☐	☐	☐	☐	☐
Require verbal prompts?	☐	☐	☐	☐	☐
Require physical prompts?	☐	☐	☐	☐	☐
Maintain communication exchange?	☐	☐	☐	☐	☐
Terminate communication?	☐	☐	☐	☐	☐

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

_____

_____

8. **Student's Needs Related to Device/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: _____

9. **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 Auditory discrimination of sounds

☐ Yes ☐ No Auditory discrimination of words, phrases

☐ Yes ☐ No Selects initial letter of word

☐ Yes ☐ No Follows simple directions

☐ Yes ☐ No Sight word recognition Number of words _____

☐ Yes ☐ No Recognizes environmental print

☐ Yes ☐ No Puts two symbols or words together to express an idea

List any other reading or pre-reading skills that support communication _____

_____

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

- ☐ Maintains fixation on stationary object
- ☐ Visually recognizes people
- ☐ Visually recognizes common objects
- ☐ Visually recognizes photographs
- ☐ Visually recognizes symbols or pictures
- ☐ Needs additional space around symbol
- ☐ Requires high contrast symbols or borders
- ☐ Looks to right and left without moving head
- ☐ Scans matrix of symbols in a grid
- ☐ Scans line of symbols left to right
- ☐ Visually shifts horizontally
- ☐ Visually shifts vertically
- ☐ Looks at communication partner
- ☐ Benefits from "zoom" feature

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, white on black, or a specific color combination for figure/ground discrimination? _____

From what size field can the student make appropriate selections? _____

Explain anything else you think is significant about the communication system the student currently uses for his/her needs: (Use additional page if necessary) _____

_____

_____

_____

_____

_____

11. Sensory Considerations:

Does the student have sensitivity to:

- ☐ Velcro
- ☐ Synthesized (computer generated) voices
- ☐ Volume
- ☐ Switch feedback (clicking noise)
- ☐ Tactile sensations
- ☐ Other

Explain student's reaction to any of the checked items _____

_____

_____

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

School (regular and special ed., with peers, formal and informal – such as lunchroom settings)

_____

_____

_____

_____

_____

Home _____

_____

_____

Community (stores, restaurants, church, library, etc.) _____

_____

_____

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

_____

_____

_____

_____

_____