



Referral/Question Identification Guide

Student's Name _____ Date of Birth _____ Age _____

School _____ Grade _____

School Contact Person _____ Phone _____

Persons Completing Guide _____

Date _____

Parent(s) Name _____ Phone _____

Address _____

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

Disability (Check all that apply.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Significant Developmental Delay | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Cognitive Disability | <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Autism | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Emotional/Behavioral Disability | | |
| <input type="checkbox"/> Orthopedic Impairment – Type _____ | | |

Current Age Group

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Birth to Three | <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Elementary |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> Secondary | |

Classroom Setting

- | | | |
|--|--|---|
| <input type="checkbox"/> Regular Education Classroom | <input type="checkbox"/> Resource Room | <input type="checkbox"/> Self-contained |
| <input type="checkbox"/> Home | <input type="checkbox"/> Other _____ | |

Current Service Providers

- | | | |
|---|---|--|
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Speech Language |
| <input type="checkbox"/> Other(s) _____ | | |

Medical Considerations (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> History of seizures | <input type="checkbox"/> Fatigues easily |
| <input type="checkbox"/> Has degenerative medical condition | <input type="checkbox"/> Has frequent pain |
| <input type="checkbox"/> Has multiple health problems | <input type="checkbox"/> Has frequent upper respiratory infections |
| <input type="checkbox"/> Has frequent ear infections | <input type="checkbox"/> Has digestive problems |
| <input type="checkbox"/> Has allergies to _____ | |
| <input type="checkbox"/> Currently taking medication for _____ | |
| <input type="checkbox"/> Other – Describe briefly _____ | |

Other Issues of Concern _____

Chapter 1 - Assistive Technology Assessment



Assistive Technology Currently Used (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Low Tech Writing Aids |
| <input type="checkbox"/> Manual Communication Board | <input type="checkbox"/> Augmentative Communication System |
| <input type="checkbox"/> Low Tech Vision Aids | <input type="checkbox"/> Amplification System |
| <input type="checkbox"/> Environmental Control Unit/EADL | <input type="checkbox"/> Computer – Type (platform)_____ |
| <input type="checkbox"/> Manual or Power Wheelchair | <input type="checkbox"/> Word Prediction |
| <input type="checkbox"/> Voice Recognition | |
| <input type="checkbox"/> Adaptive Input - Describe_____ | |
| <input type="checkbox"/> Adaptive Output - Describe_____ | |
| <input type="checkbox"/> 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.)

_____	_____
Assistive Technology	Number and Dates of Trial(s)
_____	_____
Outcome	
_____	_____
Assistive Technology	Number and Dates of Trial(s)
_____	_____
Outcome	
_____	_____
Assistive Technology	Number and Dates of Trial(s)
_____	_____
Outcome	

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 all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Section 1 Seating, Positioning and Mobility | <input type="checkbox"/> Section 7 Mathematics |
| <input type="checkbox"/> Section 2 Communication | <input type="checkbox"/> Section 8 Organization |
| <input type="checkbox"/> Section 3 Computer Access | <input type="checkbox"/> Section 9 Recreation and Leisure |
| <input type="checkbox"/> Section 4 Motor Aspects of Writing | <input type="checkbox"/> Section 10 Vision |
| <input type="checkbox"/> Section 5 Composition of Written Material | <input type="checkbox"/> Section 11 Hearing |
| <input type="checkbox"/> Section 6 Reading | <input type="checkbox"/> Section 12 General |



WATI Student Information Guide

SECTION 1

Seating, Positioning and Mobility

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—list brand or describe: _____
- Sits in seat with adaptive cushion that allows needed movement
- Sits comfortably in wheelchair _____ part of day _____ most of the day _____ all of the 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 – specific or general area of discomfort _____
- Uses 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 flat on floor or foot rest
- Seating facilitates readiness to perform task
- There are questions or concerns about the student’s seating
- Student dislikes some positions, often indicates discomfort in the following positions _____

How is the discomfort communicated? _____

- Student has difficulty using table or desk—specific example: _____
- There are concerns or questions about current seating.
- Student has difficulty achieving and maintaining head control, best position for head control is _____

How are their hips positioned? _____

- Can maintain head control for _____ minutes in _____ position.

Summary of Student’s Abilities and Concerns Related to Seating and Positioning



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: _____

- 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 _____

Purposes of Communication

Does the student communicate:

- Wants/Needs – list examples _____

- Social interactions – list examples _____

- Social etiquette - list examples _____

- Denials/rejections – list examples _____

- 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 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. _____

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

(Continued on next page)



Does the student (check best descriptor)

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

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

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 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 _____



8. 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? _____

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) _____

9. 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 _____

Chapter 1 - Assistive Technology Assessment



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)

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 _____



WATI Student Information Guide

SECTION 3

Computer Access

1. 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 type="checkbox"/> Touch type with two hands | <input type="checkbox"/> Specialized Software _____ |
| <input type="checkbox"/> Hunt/peck with one hand | <input type="checkbox"/> Head _____ |
| <input type="checkbox"/> Touch type with one hand | <input type="checkbox"/> Speech recognition _____ |
| <input type="checkbox"/> Hunt/peck with one hand | <input type="checkbox"/> Switch scanning _____ |
| <input type="checkbox"/> Touchscreen | <input type="checkbox"/> Other _____ |

List current AT _____

What difficulty is the student having with current method? _____

2. Previous Assistive Technology

List any AT tried in the past for computer access and describe how it worked. _____

3. Physical Abilities

- Does student have limitations to range of motion? Yes No
- Does student have abnormal reflexes or abnormal muscle tone? Yes No
- Does student have difficulty with accuracy? Yes No
- Does student fatigue easily? Yes No

Describe how physical abilities affect computer use. _____



4. Motor Control

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

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

6. Sensory

Does the student have any issues with hearing? Yes No

Does the student have any issues with vision? Yes No

Describe how sensory issues abilities affect computer use. _____

7. Literacy

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

Reading Yes No _____

Composition Yes No _____

Spelling Yes No _____

Math Yes No _____

Computer Skills Yes No _____

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



WATI Student Information Guide

SECTION 4 Motor Aspects of Writing

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

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

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

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

3. Computer Use (Check all that apply.)

- Uses a computer for word processing
- Uses a computer for Internet searches
- Uses a computer for spell check
- Uses computer for leisure (games, music, IM) _____
- 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
- 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
- Other _____
- Desktop
- Laptop

Location: _____

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



WATI Student Information Guide
SECTION 5
Composition of 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 Computer/Device Access _____

WATI Student Information Guide

SECTION 6

Reading

1. The Student Demonstrates the Following Literacy Skills.

(Check all that apply. Add comments to clarify)

- 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 an 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
- Recognizes and reads environmental print
- 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
- Uses inventive spelling most of the time
- Uses conventional spelling most of the time
- 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.)

- | | |
|--|--|
| <input type="checkbox"/> Smaller amount of text on page | <input type="checkbox"/> Enlarged print |
| <input type="checkbox"/> Word wall to refer to | <input type="checkbox"/> Pre-teaching concepts |
| <input type="checkbox"/> Graphics to communicate ideas | <input type="checkbox"/> Text rewritten at lower reading level |
| <input type="checkbox"/> Bold type for main ideas | <input type="checkbox"/> Reduced length of assignment |
| <input type="checkbox"/> Additional time | <input type="checkbox"/> Being placed where there are few distractions |
| <input type="checkbox"/> Spoken text to accompany print | <input type="checkbox"/> Color overlay or colored text/background |
| <input type="checkbox"/> Increased spacing between words/lines | (List color _____) |
| <input type="checkbox"/> Symbol or Rebus supports to text | <input type="checkbox"/> Other _____ |

3. Reading Assistance Used

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

4. Assistive Technology Used

The following have been tried. (Check all that apply. Add comments for clarification)

- 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
- Digital Audio files (Mp3, iPod, etc.)
- Talking dictionary or talking spell checker to pronounce single words
- Hand held pen scanner to read difficult words or phrases
- Electronic text from
 - internet
 - publisher
 - scanned text
 - other _____
- Computer with text to speech software to
 - Speak single words
 - Speak sentences
 - Speak paragraphs
 - Read entire document
- Handheld device to read electronic books
- Electronic books from Bookshare or other digital source

Explain what seemed to work or not work with any of the above assistive technology that has been tried.

5. Approximate Age or Grade Level of Reading Skills _____

6. Cognitive Ability in General

- Significantly below average
- Below average
- Average
- Above average

7. Difficulty (Check all that apply. Add comments for clarification.)

Student has difficulty physically accessing the following.

- Single sheets of paper
- Books

Student has difficulty understanding written language based on

- English Language Learner
- Limited background experiences

Student has sensory difficulties with

- Visual clutter
- Fluorescent lighting
- Background noise
- Personal Space
- Other _____

Student has difficulty decoding the following.

- Worksheets
- Content Textbooks
- Trade Books
- Tests
- Websites or other digital text

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- Modified Curriculum _____
- Recreational text

Student has difficulty comprehending the following.

- Worksheets Content Textbooks Trade Books Tests
- Websites or other digital text
- Modified Curriculum _____
- Recreational text

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

WATI Student Information Guide

SECTION 7

Mathematics

1. Difficulties Student Has with Mathematics (check all that apply).

Reading Math

Math related language and vocabulary

- Interpreting visual representation
- Switching from one representational format to another, as in complex numbers, fractions, charts and graphs

Understanding math concepts like:

- Money
- Time
- Units of Measurement
- Math Facts
- Understanding percents/decimals

Organizing

- Drawing meaning from numbers, shapes and other representational formats
- Drawing meaning from charts, grids and graphs
- Applying correct operational step such as addition, subtraction, multiplication or division
- Drawing meaning and applying action steps from/to a story problem

- Organizing work on a page
- Understanding place value
- Organizing and applying multiple steps
- Converting mixed numbers
- Applying functions and formulas

Writing and Presentation

- Writing legible numbers
- Drawing math figures
- Aligning steps of a problem
- Filling in numbers and data in small places graphing
- Completing simple addition and subtraction
- Completing multiplication and division
- Completing complex addition and subtraction

- Representing math concepts in alternate formats such as graphs, charts or geometric shapes
- Noting points on graphs
- Writing simple math equations
- Writing complex math equations
- Editing work

(Continued on next page)



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

- | | |
|--|---|
| <input type="checkbox"/> Adapted manipulatives | <input type="checkbox"/> Alternate calculator |
| <input type="checkbox"/> Adapted number, shape or fraction stamp | <input type="checkbox"/> Large print |
| <input type="checkbox"/> Adapted time pieces | <input type="checkbox"/> Talking |
| <input type="checkbox"/> Adapted measuring devices | <input type="checkbox"/> Graphing |
| <input type="checkbox"/> Mathline | <input type="checkbox"/> Smart chart |
| <input type="checkbox"/> Adapted paper | <input type="checkbox"/> Math graphic organizer |
| <input type="checkbox"/> Enlarged paper | <input type="checkbox"/> Math specific writing, drawing software |
| <input type="checkbox"/> Graph paper | <input type="checkbox"/> Digital Math toolbars for writing equations |
| <input type="checkbox"/> Onscreen keyboards or calculators | <input type="checkbox"/> Math software to help visualize, script visual math concepts |
| <input type="checkbox"/> Virtual Manipulatives | |
| <input type="checkbox"/> Voice recognition for math notation | |

3. Strategies Used

Please describe any strategies that been used to help.

Summary of Student’s Abilities and Concerns Related to Math



WATI Student Information Guide

SECTION 8

Organization

1. Difficulties Student has with Organization (Check all that apply.)

<p>Self management</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unable to self regulate behavior and attention <input type="checkbox"/> Easily distracted <p>Time management</p> <ul style="list-style-type: none"> <input type="checkbox"/> Arrives late <input type="checkbox"/> Misses deadlines <input type="checkbox"/> Poor transitions between activities <input type="checkbox"/> Struggles to settle down after transitions or when it is work time 	<p>Materials Management</p> <ul style="list-style-type: none"> <input type="checkbox"/> Messy work and storage areas <input type="checkbox"/> Lost papers and projects <input type="checkbox"/> Can't find work tools such as book, scissors or markers quickly <p>Information Management</p> <ul style="list-style-type: none"> <input type="checkbox"/> Breaking a large project into smaller steps <input type="checkbox"/> Organizing notes or review items <input type="checkbox"/> Completing multi-step tasks
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2. Assistive Technology tried (Check all that apply.)

<p>Self:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fidgets <input type="checkbox"/> Sitting on a therapy ball, bounce or sitz cushions <input type="checkbox"/> Pressure or weighted vest <input type="checkbox"/> Concentration CD's or Mp3's <p>Information:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Folders <input type="checkbox"/> Tabs/Post Its <input type="checkbox"/> Highlighters <input type="checkbox"/> Study guides <input type="checkbox"/> Hand Held Recorders <input type="checkbox"/> Digital Organizers <input type="checkbox"/> Search tools/engines <input type="checkbox"/> Bookmarking tools <input type="checkbox"/> Graphic organizers <input type="checkbox"/> Manipulatives/ Instructional Tutorials <input type="checkbox"/> Animations 	<p>Materials:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Folders/ Containers/ Bins/ Boxes <input type="checkbox"/> Checklists <input type="checkbox"/> Coding <input type="checkbox"/> Filing <input type="checkbox"/> Portable electronic Storage <input type="checkbox"/> Computer based electronic storage <p>Time:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clock analog vs. digital <input type="checkbox"/> Adapted clocks and watches <ul style="list-style-type: none"> <input type="checkbox"/> Talking readout <input type="checkbox"/> Large numbers <input type="checkbox"/> Visual cue Timed reminder message <p>Schedules</p> <ul style="list-style-type: none"> <input type="checkbox"/> Picture <input type="checkbox"/> Worded <input type="checkbox"/> Calendar-based <input type="checkbox"/> Digital scheduler <input type="checkbox"/> Digital reminder
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3. Summary of Student's Abilities and Concerns Related to Organization



WATI Student Information Guide
SECTION 9
Recreation and Leisure

1. Difficulties Student Experiences Participating in Recreation and Leisure (Check all that apply.)

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

2. Activities Student Especially Enjoys

Blank lines for writing activities.

3. Adaptations Tried to Enhance Participation in Recreation and Leisure

Blank lines for writing adaptations.

How did they help?

Blank lines for writing how adaptations helped.

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

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

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

Blank lines for writing summary.

WATI Student Information Guide

SECTION 10

Vision

A vision specialist should be consulted to complete this section.

1. Date of Last Vision Report _____

Report indicates (please address any field loss, vision condition, etc.) _____

2. 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

3. 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: _____

Chapter 1 - Assistive Technology Assessment



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

- | | |
|--|--|
| <input type="checkbox"/> Requires frequent physical prompts | <input type="checkbox"/> Requires frequent verbal cues |
| <input type="checkbox"/> Needs only intermittent cues | <input type="checkbox"/> Uses device to complete tasks independently |
| <input type="checkbox"/> Trouble-shoots problems related to device | |

4. Writing/Handwritten Materials (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Writes using space correctly | <input type="checkbox"/> Writes on line |
| <input type="checkbox"/> Writes appropriate size | <input type="checkbox"/> Reads own handwriting |
| <input type="checkbox"/> Reads someone else's writing | <input type="checkbox"/> Reads hand printing |
| <input type="checkbox"/> Reads cursive | <input type="checkbox"/> Skips letters when copying |
| <input type="checkbox"/> Requires bold or raised-line paper | <input type="checkbox"/> Requires softer lead pencils |
| <input type="checkbox"/> Requires colored pencils, pens, or paper | <input type="checkbox"/> Requires felt tip pen <input type="checkbox"/> Thin point <input type="checkbox"/> Thick point |

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



6. Student Communicates with Others Using (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Speech | <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Body language |
| <input type="checkbox"/> Signs and speech together | <input type="checkbox"/> Gestures | <input type="checkbox"/> Written messages |
| <input type="checkbox"/> Signed English | <input type="checkbox"/> Picture cues | <input type="checkbox"/> Contact (Pidgin) sign language |
| <input type="checkbox"/> Other_____ | | |

Level of expressive communication:

- | | | |
|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Single words | <input type="checkbox"/> Combination of words | <input type="checkbox"/> Proficient |
|---------------------------------------|---|-------------------------------------|

7. Is There a Discrepancy Between Receptive and Expressive Abilities?

- Yes No

If yes, describe further. _____

8. Services Currently Used (Check all that apply)

- | | | | | |
|--|-------------------------------------|--|------------------------------|-------------------------------|
| <input type="checkbox"/> Audiology_____ | <input type="checkbox"/> Note taker | | | |
| <input type="checkbox"/> Educational interpreter using:_____ | <input type="checkbox"/> ASL | <input type="checkbox"/> Transliterating | <input type="checkbox"/> PSE | <input type="checkbox"/> Oral |

9. Equipment Currently Used (Check all that apply.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Hearing aids | <input type="checkbox"/> Cochlear implant | <input type="checkbox"/> Telecaption decoder |
| <input type="checkbox"/> Vibrotactile devices | <input type="checkbox"/> Classroom amplification system | <input type="checkbox"/> TTY/TDD |
| <input type="checkbox"/> FM system | <input type="checkbox"/> Other_____ | |

10. Present Concerns for Communication, Writing, and/or Educational Materials

- | | |
|--|--|
| <input type="checkbox"/> Cannot hear teacher/other students | <input type="checkbox"/> Cannot respond to emergency alarm |
| <input type="checkbox"/> Cannot participate in class discussions | <input type="checkbox"/> Cannot benefit from educational videos/programs |
| <input type="checkbox"/> Displays rec./exp. language delays | <input type="checkbox"/> Cannot use telephone to communicate |

11. Current communication functioning (Check all that apply)

- Desires to communicate
- Initiates interaction
- Responds to communication requests
- Reads lips
- Appears frustrated with current communication functioning
- Requests clarification from communication partners (“Would you please repeat that?”)
- Repairs communication breakdown (Keeps trying, changes message)

12. Current Reading Level_____

Summary of Hearing Abilities and Concerns _____



WATI Student Information Guide

Section 12

General

Are there any behaviors (both positive and negative) that significantly impact the student's performance?

Are there significant factors about the student's strengths, learning style, coping strategies or interests that the team should consider?

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

Does student fatigue easily or experience a change in performance at different times of the day?
