

HEART OF ILLINOIS LOW INCIDENCE ASSOCIATION

ASSISTIVE TECHNOLOGY EVALUATION GUIDE

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HILIA ASSISTIVE TECHNOLOGY EVALUATION GUIDE

OVERVIEW

Overview

IDEA 97 mandates that assistive technology be considered for every child who is receiving special education services. To understand what it means to “consider” AT, an overview of what the term *assistive technology* may be helpful. Assistive technology may be understood in both legal and functional terms.

The **definition of assistive technology**, as it appears in the IDEA 97 Statute is as follows:

“any item, piece of equipment , or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of children with disabilities” (P.L. 100-407, 29 U.S.C. 2201, §3(1))

Examining this definition and different literature related to assistive technology, provides a **functional view of assistive technology**. Assistive technology:

- Is individually matched to a given student
- Is uniquely required for a student to make educational progress or participate in the curriculum and/or classroom *as reflected in his or her IEP*
- Augments an student’s strengths to counterbalance disability effects (Lewis, 1993)
- Provides an alternate mode of performing tasks to compensate or bypass disability effects (Lewis, 1993)

An important point to note is that assistive technology is not used to teach a student skills in relation to the curriculum. Rather, assistive technology provides a means for the student to *access* instruction and materials, *participate* in the classroom activities, and/or *demonstrate* his or her knowledge and skills.

Instructional vs. Assistive Technology

There are a number of tools that may qualify as assistive technology. An obvious example may be a pair of glasses. Typically, when a student needs glasses, they are specifically matched to his or her unique prescription. The glasses are most likely also required for a student to access both instruction and materials by bypassing the effects of the disability. Without the glasses, the student could fail to be successful in the classroom environment solely based on his or her visual disability. However, other tools may not be as obvious as to qualify for assistive technology. Let’s look at the calculator:

A calculator may qualify as assistive technology, but only in certain instances. Both the National Council for the Teachers of Mathematics (NCTM) and the Illinois State Board of Education advocate the use of calculators as part of the mathematics curriculum. The goal by both of these professional organizations is to use calculators as a learning tool to explore and discover certain properties of mathematics as well as to increase emphasis on the mathematic process of problem solving. Most students in this situation would most likely be able to learn this new information and skills or perform the calculations needed for problem solving without using a calculator. When used in this way, calculators are instructional tools that supplement student learning. However, when working with students with various kinds of disabilities, the effects of the disability may preclude entirely or hinder some part of the mathematical process, such as computation. Possible effects of the disability might include lower than expected recall of mathematical facts or frequent transposition of numbers when writing or solving a math problem. In these cases, a calculator may provide a means to circumnavigate the effects of his or her disability allowing the student to engage in the curriculum content. Without using a calculator, the student would probably be unsuccessful in meeting math objectives.

Thus, some instructional technology may become assistive technology when the student *requires* it to accomplish the educational task.

Assistive Technology Services

Consideration must also apply to the type and quantity of assistive technology services a child receiving special educational services might need. IDEA 97 defines assistive technology services as the following:

Any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device. Such terms include

1. the evaluation of the needs of an individual with a disability, including a functional evaluation of the individual in the individual's customary environment;
2. purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by individuals with disabilities;
3. selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing of assistive technology devices;
4. coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
5. training or technical assistance for an individual with disabilities, or, where appropriate, the family of an individual with disabilities; and
6. training or technical assistance for professionals (including individuals providing education and rehabilitation services), employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of individuals with disabilities.

It is important to note that assistive technology cannot be simply provided to a student; it must be provided with sufficient services so that the student can learn how to use the assistive technology and achieve success.

HILIA ASSISTIVE TECHNOLOGY EVALUATION GUIDE

PROCEDURES

HILIA GENERAL GUIDELINES FOR ASSISTIVE TECHNOLOGY ASSESSMENT

When you “consider” Assistive Technology...

- *Be very clear about identifying expectations* you have for the student
- Be very clear about the tasks you want the student to perform
 - *Define the need well*; be as specific as possible
 - The need should be tied to goals and objectives
- Add to – don’t replace – what is already working
 - *Define what is currently in place* to assist the student in meeting needs and expectations
- Don’t look for a global or quick fix – Solutions need to be task focused
- *Describe the features that are needed to assist the student to complete required tasks* and meet expectations
 - Don’t rush to name a specific tool or item of AT
 - Explore low tech options first, including what already exists in the classroom
- When you are ready to try some AT...
 - Develop a plan for trying out the AT
 - *Be very specific about how you assess the effectiveness of the AT*

THE S.E.T.T. ASSESSMENT PROTOCOL

The SETT framework is a tool for problem-solving that can be used within an AT assessment. HILIA has elected to use the SETT protocol as the central tool for completing an AT assessment. Other tools may be needed as the assessment is planned and completed.

A. When do I need to use the SETT Protocol?

1. You do not need to use the SETT protocol:
 - When using instructional technology with students as a general strategy for teaching a specific curriculum content
 - When using low cost, “light tech” devices such as those available from the Infinitec Light Tech Library or from IATP
 - When making minor modifications to products or devices in current use
 - When continuing using a product or device that is already being successfully used by a student

2. You do need to use the SETT protocol:
 - When educational progress has failed to respond to “positive instructional supports” including (but not limited to)
 - ✓ Strategies
 - ✓ Accommodations / Adaptations
 - ✓ Instructional technology (e.g., software, classroom computer)
 - When there is an issue with access to or availability of existing classroom instructional technology
 - When an IEP team specifically requests an assistive technology evaluation as a result of a case conference
 - When equipment is needed requiring rental, i.e., from the Infinitec Assistive Technology Coalition equipment rental program

NOTE: If a parent requests an AT evaluation, the IEP team will meet to consider the request and plan the evaluation, if one is deemed to be necessary

B. What should I do if I need to use the SETT protocol?

1. Communicate with the parent(s)
 - Inform them about the problem
 - Review what has been done and invite input
 - Give them an overview of what will be done as part of the assessment
 - Invite participation in the process
2. Decide who needs to be part of the evaluation team and consider whether anyone is needed with special expertise
3. Follow the SETT protocol and complete the assessment
4. Determine the need to convene an IEP meeting to consider the results of the assessment

C. Where can I find someone who can help me complete the SETT protocol?

Please look in the Resource Guide for information regarding who to contact.

D. When should the results of using the SETT protocol be written into the IEP?

If it is required for the student to meet IEP goals and objectives or to support educational progress

**ASSISTIVE TECHNOLOGY ASSESSMENT
DIRECTIONS / DOCUMENTATION GUIDE**

School District: _____ School: _____
 Student: _____ Grade: _____
 Team Members: _____

Please record the date of the action(s) or any relevant information concerning the process (e.g., parent contact, persons invited, etc.) in the “Comments” column

Comments and/or Date completed

Preparation

Step 1: Communicate with Parents

- Inform them about the problem
- Review what has been done and invite input from the parent and, if appropriate the student
- Provide an overview of what will be done as part of the assessment
- Invite participation in the process

Optional: *Parent Worksheet*
Student Interview

Step 2: Review Team Members

Decide who needs to be part of the evaluation team and consider whether anyone with special expertise is needed. Team members can include: parents, student (if appropriate), teachers (general and special education), service providers (SLP, OT, PT, paraprofessional, etc.), administrators, and any others directly involved or with required knowledge or expertise (e.g., instructional technology).

Step 3: Gather Information

Review existing information regarding the student’s abilities, difficulties, environments and tasks. If there is missing information, gather needed information by completing formal or informal tests and/or by observing the student in various settings. To assist in gathering information consider using

- *WATI Student Information Guide* (select appropriate sections to complete)
- *Environmental Assessment Guide*
- *Requirements of Tasks/Activities*

Optional: *WATI Student Information Guide*
Environmental Observation Guide
Requirements of Tasks/Activities

Each team member completes a *SETT Framework – Part I* in preparation for the meeting

Complete: *SETT Framework – Part I*

Step 4: Schedule a Meeting

Schedule a meeting with the team.

Comments and/or Date completed

Completing the SETT Process**Step 1: Complete Problem Identification**

Using the team members input, identify *those areas or domains in which the student has been experiencing particular difficulty*. Use the *SETT Framework – Part I* to compile information from team input

For each targeted area or domain, identify 1) the tasks the student needs to be able to do 2) the student’s abilities/difficulties and 3) the characteristics of the environments as related to the student’s educational progress.

- List the student’s **abilities/difficulties** related to the domain and tasks.
- List key aspects of the **environment** in which the student functions and the student’s location and/or positioning in the environment.
- Identify the **tasks** the student needs to be able to do within the target domains.

On Form I, circle all items which present barriers to student progress

Step 2: Prioritize Goals and Tasks

Identify the critical domains and tasks for which potential solutions will be generated. For each domain and task, the team should clarify

- The critical functions to be increased/improved
- The desired level of student participation
- The desired level of student independence

The supplemental form “*Identifying Expectations for the Student*” can be used to assist in this process

Step 3: Generate AT Requirements

Identify the features needed to increase the student’s critical functioning, participation and/or independence in the targeted domain and task.

Depending on the knowledge and experience of the team members, these features may be very specific (e.g., “scanning input” or “screen reader”) or very general (e.g., “needs input without using hands” or “needs to hear the text”).

For each targeted domain/task, list the required features across the columns of the form “*SETT Framework – Part II*.” Use a separate form for each targeted domain.

Complete: *SETT Framework – Part I*

Optional: *Identifying Expectations for the Student*

Begin: *SETT Framework – Part II*

Comments and/or Date completed

Step 4: Generate Solutions

Identify all possible solutions (products, devices) that have the needed features. If necessary, use additional resources to assist with solution generation (e.g., Closing the Gap, Abledata, Infinitec AT Coalition equipment search, etc.).

List the identified solutions by name in the rows of the form “*SETT Framework – Part II*.”

Step 5: Select Solutions

Compare features needed with those provided by each identified solution. Place a check in the box on the *SETT Framework – Part II* form indicating that the specific solution has the needed feature.

From this data, determine which ones have the potential to be most effective for the student. Determine which solutions could be implemented 1) immediately 2) in the next few months or 3) in the future.

Select solution(s) with which implementation – including evaluation trials with products or equipment – is to be planned.

Implementation**Step 1: Plan Implementation**

Using “*SETT Framework – Part III*” develop an implementation plan.

- Determine whether and how long an evaluation trial period is needed.
- If the product or device is not available, determine whether it will be acquired from light tech loan (e.g., IATP or Infinitec AT Coalition), rented (Infinitec Equipment Library), or purchased. Determine specific actions (e.g., complete forms), who will be responsible, and a target date for completing the actions needed to acquire the item
- List any preparation (e.g., make overlays, scan text into the computer), training (e.g., of the student, teacher or staff), or any other actions needed. Assign specific names and target dates for each action
- Identify specific outcomes to be monitored or data to be collected, who is responsible for monitoring, and frequency of data collection.
- Determine a meeting date to review progress.

Continue: *SETT Framework – Part II*

Complete: *SETT Framework – Part II*

Complete: *SETT Framework – Part III*

Comments and/or Date completed

Step 2: Implement Plan

Implement the plan or the evaluation trial period. Collect data needed to monitor effectiveness of implementation plan and student progress. Assess changes to critical functions in targeted domains and tasks.

Step 3: Review Implementation Plan

At the designated completion of the initial evaluation trial

- Contact parent(s) and team members and schedule a review meeting
- Review evaluation trial data concerning student progress and changes to critical functions
- Make any needed decisions about changes to implementation or about long-term use of the technology, product or device
- Develop revised or long-term implementation plan
- Schedule next implementation review.

Begin: *SETT Framework – Part III*

Complete: *SETT Framework – Part III*

Documenting in the IEP

Assistive technology may be documented on the IEP in the following areas:

- Specialized supports
- Annual goals or short term objectives
- Accommodations
- Supplementary aids and services (necessary if the presence provides sufficient support to maintain placement and the absence requires the student's removal to a more restrictive setting)
- Related Services
 - Audiology
 - Counseling or Social Work Services
 - Occupational Therapy
 - Physical Therapy
 - Psychological Services
 - Orientation and Mobility
 - Medical services (diagnostic/evaluation purposes only)
 - School Health Services
 - Transportation Services
 - Rehabilitation Counseling
 - Speech/Language Services
 - Parent Counseling and Training
 - Recreation

Maintenance

After the assistive technology has been procured for long-term use:

- Fill out the *Assistive Technology Log*. This is used to “track” the essential information needed to provide maintenance,, repair or long-term support for the technology.
- Develop a *Contingency Plan* in event that the assistive technology is not available. This should specify in as much detail as possible what, where and who is involved in the back-up plan.

Optional: *Assistive Technology Log*

Optional: *AT Contingency Plan*

HILIA ASSISTIVE TECHNOLOGY EVALUATION GUIDE

CORE FORMS

1. SETTFRAMEWORK – PART I. Considerations of Student Need for Assistive Technology Devices and Services
2. SETT FRAMEWORK – PART II. Delineate Important Features Required to Meet the Student's Needs
3. SETT Framework – Part III. Evaluation Trial or Implementation Planning
4. Request for Infinitec Coalition Services
5. Infinitec Rental Agreement Form

SETT FRAMEWORK – PART I
Consideration of Student Need for Assistive Technology Devices and Services

Student: _____ Date: _____ Area of Concern: _____

Circle Areas/Items That Represent Barriers to Student Progress

EXAMINE CURRENT CONDITIONS TO DETERMINE EDUCATIONAL NEEDS		
STUDENT	ENVIRONMENTS	TASKS

Adapted from Zabala, J. (2001). Permission granted to use if credits are retained.

SETT Framework – Part I

Key Considerations

Potential Areas of Concern:

Academic (reading, math, writing, spelling, etc)	Social-Communication
Independent Living	Cognitive
Personal care	Representation/memory
Daily Life	Organization/study skills
Recreation/Leisure	Problem-solving
Work	Positioning/Mobility
Community	Sensory
Travel	Vision
Services	Hearing
Recreation/Leisure	Tactile
	Manipulation

SETT: Student Considerations

- What does the student need to do?
- What are the student's special needs / difficulties?
- What are the student's current abilities?

SETT: Environmental Considerations

- What are the environments?
 - What materials are currently available
 - What is the physical arrangement?
 - What is the instructional arrangement?
- Which ones have barriers? What are the barriers?
- What supports are available to the student?
- What resources are available to the people supporting the student?

SETT: Task Considerations

- What *specific* tasks occur in the student's natural environments that enable progress toward mastery of IEP goals and objectives?
 - What are the critical elements of the activities
 - How might the tasks be modified to accommodate the student's special needs?
 - How might technology support the student's active participation in those activities?
- What *specific* tasks are required for active involvement in identified environments or tasks (related to communication, instruction, productivity, environmental control)?

THE SETT FRAMEWORK – PART II

Delineate the important features required to meet the student's needs in the designated activity

STUDENT: _____ Domain/Area of Need: _____ Activity: _____

Enter one feature in each column									
Enter one possible tool in each row									

THE SETT FRAMEWORK – PART II

Directions for use of this form

This form is used to determine a match between the needs of the student and the features provided by the assistive technology. The purpose is compare available options and select the assistive technology with which to begin a trial implementation.

1. Complete one form for each domain (e.g., writing) identified as requiring assistive technology.
2. In each column, enter one feature that would meet the student's needs (see SETT Form I). Examples of desired features include:

Physical Demands

- Lightweight
- Portable
- Does not need to cross midline
- Large display
- Audio output
- Scanning capable
- Sustained physical pressure required
- Can withstand multiple depressions

Linguistic Demands

- Must interpret symbols to operate
- Must read to operate
- Must follow auditory direction to operate

Cognitive Demands

- Must remember ____ steps to operate
- Operation is transparent (joystick right...chair turns right)

Time Demands

- Delayed feedback
- Variable feedback
- Instant feedback

Tool Characteristics

- Durability
- Warranty
- Maintenance Agreement

3. Enter features into the columns until all desired features are listed.
4. Enter into the first cell in each row, the name of the specific item of assistive technology being considered
5. Place an "X" in the cell that represents a *match* between the desired feature and the feature being present in or offered by the specific item of assistive technology

SETT FRAMEWORK – PART III
Evaluation Trial or Implementation Planning

Domain:	Target Activity / Task:
Target Skills:	Assistive Technology:

Present Date: _____

Preparations/Actions Needed	Person(s) Responsible	Target Date for Completion

Review Date: _____



Infinitec Assistive Technology Coalition Center

7550 West 183rd Street * Tinley Park, IL 60477
Attn: J. Gragnani * (708) 444-4203 * Fax (708) 444-4204

REQUEST FOR INFINITEC COALITION SERVICES

Coalition (check one): North Southwest West Mid-State Southern, IL

Cooperative/Member Agency Name: _____

Member Agency Liaison Name: _____ Phone #: _____

Service Requested:

Assistive Technology Collaboration: to request a collaborator visit to explore strategies for a specific student or for the general classroom
Briefly describe reason for request. Indicate whether request is for a classroom or a specific student. If student specific, complete ****Student Information**** below and attach completed “Student Background Information” & “Student Current Performance” forms along with a copy of the student’s current IEP.

Assistive Technology Equipment Rental: to request a specific piece of equipment for a rental period
List name of equipment needed & briefly note purpose: _____

Date student observed: _____ Date equipment needed: _____

Name of person making recommendation: _____ Title: _____

****Student Information** Complete this section if requesting a collaboration or equipment rental.**

Student Name: _____ Birthdate: _____ Sex: Male Female
Teacher: _____ District of Residence: _____ District of Attendance: _____
District Address: _____ City/State: _____ Zip: _____
School Attending: _____ Phone: () _____
School Address: _____ City/State: _____ Zip: _____
Referral Person: _____ Position: _____ Phone: _____
School Contact Person: _____ Position: _____ Phone: _____
Parent/Legal Guardian/Foster Parent: _____

This signature below indicates my authorization for my student’s agency/district to exchange information with Infinitec personnel.

Parent/Legal Guardian Signature Date

*Parent signature requested for equipment rental and required for collaboration.

Dist. Supt./Designee Signature Date Referring Person Signature Date

*District signature required prior to processing of request

Training Program: to request training on specific devices or strategies
Briefly describe training program requested (include any specific equipment requests).

Date and time requested: _____ Please Check: Half Day Full Day

Preferred Location: _____ Note if preferred

presenter(s): _____

Coalition Liaison Signature (required) Date

*Liaison signature required prior to processing of request.

HILIA ASSISTIVE TECHNOLOGY EVALUATION GUIDE

SUPPLEMENTAL FORMS

1. PARENT WORKSHEET
2. STUDENT INTERVIEW
3. ENVIRONMENTAL OBSERVATION GUIDE
4. REQUIREMENTS OF TASKS / ACTIVITIES
5. IDENTIFYING EXPECTATIONS FOR THE STUDENT
6. AT LOG
7. AT CONTINGENCY PLAN
8. INFINITEC LIGHT TECH LOAN FORMS
9. STUDENT INFORMATION GUIDE
 - MOTOR ASPECTS OF WRITING
 - FINE MOTOR RELATED TO COMPUTER (OR DEVICE) ACCESS
 - COMPOSING WRITTEN MATERIAL
 - READING
 - LEARNING AND STUDYING
 - MATH
 - RECREATION AND LEISURE
 - SEATING AND POSITIONING
 - MOBILITY
 - VISION
 - HEARING

Parent Worksheet
Assistive Technology Planning

Student: _____ School: _____
Teacher: _____ Grade: _____

Directions: Please answer the following questions concerning your child's potential need for assistive technology. As a parent and member of the planning team, you have important information that can help in making the right decisions about what is needed for him or her to be successful in school. If you have any questions about this form, please contact the teacher listed above. Please bring this form with you to the planning meeting.

1. What are your child's strengths, interests, or motivators? Do you have a "success story" you would like to share?

2. What task(s) is your child currently unable to do, due to his disability?

At school?

At home?

3. Do you have any suggestions for tools or strategies that could help you child be more successful?

4. Describe any assistive technology devices (simple or complex) used successfully by your child in the home or school.

Previously

Currently

5. How successful do you think these devices have been?

6. What are your child's feelings about using these devices?

7. What other issues should be discussed at the planning meeting?

ENVIRONMENTAL OBSERVATION GUIDE

Student: _____

Date: _____

Location: _____

Observer(s): _____

Activity: _____

Activity/Task being observed	Ways that typical students participate	Ways that target student participates	Barriers to target student's participation	Potential accommodations and/or AT

WHAT ARE THE REQUIREMENTS FOR THE TASK OR ACTIVITY?

How is the activity initiated?

Where does it begin?

What is the transition from the previous activity?

Who begins it?

How is it begun?

What is said or done?

How is it maintained? Completed?

What are the operations that must be carried out?

With what materials / items must they be done?

Who must do them?

What must be said to carry them out?

Who must say these things?

How is it terminated? Ended?

What actions end the activity

Who does them?

When?

Who ends the activity?

What do they say?

IDENTIFYING EXPECTATIONS FOR STUDENT

Where is change needed? – Identifying *Critical Functions* to be Increased/Improved

Content Area/Domain:

COMMUNICATION			
Quantity			
Accuracy / Intelligibility Rate			
Other			
PARTICIPATION			
Quality			
Frequency			
Other			
PRODUCTIVITY			
Independence			
Spontaneity			
Output / Completion			
Other			

Domains

Academic (reading, math, writing, spelling, etc)
 Independent Living
 Personal care
 Daily Life
 Recreation/Leisure
 Work
 Community
 Travel
 Services
 Recreation/Leisure

Social-Communication
 Cognitive
 Representation/memory
 Organization/study skills
 Problem-solving
 Positioning/Mobility
 Sensory
 Vision
 Hearing
 Tactile
 Manipulation

At what *Level of Participation* is the student now? What is desired?

Content Area/Domain:

Included				
Active				
Competitive				

Level of Participation

Included	The student is present and demonstrating an awareness of the activity primarily through observation of or reaction to events. May make some responses to certain components of the activity
Active	The student is engaged in the majority of the components or events of the activity. Makes personal choices and demonstrates behavioral, social or communicative responses.
Competitive	The student engages in decision-making that affects the group of peers who are participating in the activity. Initiates choices that effect who participates, what is done or when the activity occurs.

What outcome *Level of Independence* is desired for the Student?

Content Area/Domain:

Independent				
Independent with Set-up				
Independent with Assistance				

Level of Independence

Independent	Student can initiate and complete all the steps of the activity or task with no prompts (verbal, visual or physical)
Independent with Set-up	Student can initiate and complete all the steps of the activity but may need set-up of environment, adaptations, or technology prior to the start of the activity
Independent with Assistance	Student initiates all responses to task requirements but personal assistance is required to complete some or all task requirements

AT LOG

Product	
Serial number	
Purchased on	
Warranty good until	
Purchased from	
Company name	
Address	
Telephone number	
Customer support phone number	
Fax number	
Web address	
TTY number	

Was a maintenance contract purchased?	
If yes, it is in effect until	

Maintenance and Repair Record

AT Contingency Plan

The purpose of this form is to help the team plan “back up” solutions should a device or system that a student is using should become unavailable.

Student:	
Device/System:	

Short term solutions: (Back up system that can be used in the short term.)

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Long term solutions: (Back-up should the system break down or become unavailable for a long duration)

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INFINITEC LIGHT TECH LIBRARY

The Infinitec A.T. Light Tech Library is available state-wide and was initially funded through an I.S.B.E. grant award. This library contains a wide array of low-tech devices including simple augmentative communication devices, computer access equipment, environmental controls, switches and much more.

Equipment can be loaned for a period up to 60 days. Requests will be filled in the order received and based on the availability of equipment. If you would like to request the use of any of these types of devices, please complete and return both the **Light Tech Agreement Form** and the **Request for Light Tech Services** form, and return them to:

Infinitec Assistive Technology Center
7550 West 183rd Street
Tinley Park, IL 60477
Phone: 708-444-8460 ext. 20 Fax: 708-444-4204

Note: These forms are available in PDF format at www.coalitionconnection.org

State-Wide Light Tech Loan Library



REQUESTS WILL BE FILLED IN THE ORDER RECEIVED AND BASED ON AVAILABILITY OF EQUIPMENT

7550 West 183rd Street
Tinley Park, IL 60477 * Attn: J. Gragnani
(708) 444-4203 * Fax (708) 444-4204

LIGHT TECH AGREEMENT FORM

Student Name: _____ Birthdate: _____
 Agency Name: _____ Agency Phone #: _____ Agency Fax #: _____
 Agency Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact Name: _____ Phone #: _____

Equipment recommendations by following team members (include titles): _____
 Phone # for team leader: _____

Equipment Loan Information					
Equipment Description	Equipment Inventory Number	Original Purchase Price	60 Day Loan Period (Please Check)	Loan Start Date	Projected Return Date

➤ **Please Indicate** Next Day Air Second Day 3 Day Select
Shipping Preference: Regular Ground 3-6 Days Pick Up Equipment at A.T. Center
 ➤ **SHIP TO:** NAME _____
 ADDRESS _____ CITY _____ ST _____ ZIP _____

➤ Please provide Name/Title/Work phone of individual responsible for equipment during loan period.
 Name: _____ Title: _____ Work Phone: _____

If the equipment is to be sent home, a Parent/Guardian Equipment Agreement is recommended.

Agency Contract with Infinitec: (Important Information Please Read)
 The above listed equipment is being requested by (Agency Name) _____, in accordance with Infinitec Procedures. I understand that our agency may borrow up to 6 items per district, at one time, for a maximum of 60 days. As the authorized representative for my agency, I understand it is my agency's responsibility to maintain this equipment in good clean working condition and return the equipment on time to the Infinitec Assistive Technology Coalition Center. I understand that this equipment is being provided on a monthly basis. Usage time begins on the day items are checked out from the Infinitec Assistive Technology Coalition Center. It is the responsibility of my agency to return the device(s) within 60 days. In addition, I understand that failure to return the equipment within the 60 day period will result in a \$ 50.00 late fee for each month the equipment is kept out beyond the initial 60 day period. I understand that my agency will be billed a \$ 10.00 restocking fee for each item requested. Furthermore, I understand that we will be billed the cost to ship the items plus a 20% surcharge to the destination specified by us above.

I also understand that if this equipment is damaged, lost or stolen during my usage time, I must notify the Assistive Technology Coalition Center and make arrangements to replace and/or repair the items.

Please Note: No more than 6 items per district may be loaned at one time, for a maximum of 60 days.
Requests are filled in the order received and based on availability of equipment

➤ Requester Name/Title: _____ Phone: _____ Date: _____
Please return form to the Director of Special Education for their signature.

Agency Director Name/Title _____ Date: _____

➤ **Director of Special Education please return form to A.T. Coalition Center**



State-Wide Light Tech Loan Library
7550 West 183rd Street * Tinley Park, IL 60477
Attn: J. Gragnani * (708) 444-4203 * Fax (708) 444-4204

**REQUESTS WILL BE FILLED IN THE ORDER RECEIVED
AND BASED ON AVAILABILITY OF EQUIPMENT**

REQUEST FOR LIGHT TECH SERVICES

Cooperative / Agency Name: _____

Agency Representative Name: _____ Phone #: _____

Service Requested:

- Assistive Technology Equipment Loan:** to request a specific piece of equipment for a loan period
List name of equipment needed & briefly note purpose:

REQUESTS WILL BE FILLED IN THE ORDER RECEIVED AND BASED ON AVAILABILITY OF EQUIPMENT

Date student observed: _____ Date equipment needed: _____

Name of person making recommendation: _____ Title: _____

****Student/Classroom Information** Complete this section for equipment loan.**

Student Name: _____ Birthdate: _____ Sex: Male Female
Teacher: _____ District of Residence: _____ District of Attendance: _____
District Address: _____ City/State: _____ Zip: _____
School Attending: _____ Phone: _____ (_____) _____
School Address: _____ City/State: _____ Zip: _____
Referral Person: _____ Position: _____ Phone: _____
School Contact Person: _____ Position: _____ Phone: _____
Parent/Legal Guardian/Foster Parent: _____

This signature below indicates my authorization for my student's agency/district to exchange information with Infinitec personnel.

Parent/Legal Guardian Signature Date

*Parent signature requested for equipment loan.

Director of Special Education Signature (required) Date

* Director of Special Education signature required prior to processing of request.

Director of Special Education return request to the Infinitec Assistive Technology Coalition Center.

WATI Student Information Guide

SECTION 1

Motor Aspects of Writing

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

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

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

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Paper with heavier lines | <input type="checkbox"/> Paper with raised lines | <input type="checkbox"/> Pencil grip |
| <input type="checkbox"/> Special pencil or marker | <input type="checkbox"/> Splint or pencil holder | <input type="checkbox"/> Typewriter |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Other _____ | |

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

- | | |
|--|---|
| <input type="checkbox"/> Does not currently type | <input type="checkbox"/> Activates desired key on command |
| <input type="checkbox"/> Types slowly, with one finger | <input type="checkbox"/> Types slowly, with more than one finger |
| <input type="checkbox"/> Accidentally hits unwanted keys | <input type="checkbox"/> Performs 10 finger typing |
| <input type="checkbox"/> Requires arm or wrist support to type | <input type="checkbox"/> Accesses keyboard with head or mouth stick |
| <input type="checkbox"/> Uses mini keyboard to reduce fatigue | <input type="checkbox"/> Uses switch to access computer |
| <input type="checkbox"/> Uses Touch Window | <input type="checkbox"/> Uses alternative keyboard |
| <input type="checkbox"/> Uses access software | <input type="checkbox"/> Uses Morse code to access computer |
| <input type="checkbox"/> Uses adapted or alternate keyboard, such as _____ | |
| <input type="checkbox"/> Other _____ | |

4. Computer Use (Check all that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Has never used a computer | <input type="checkbox"/> Uses computer at school | <input type="checkbox"/> Uses computer at home |
| <input type="checkbox"/> Uses computer for games | <input type="checkbox"/> Uses computer for word processing | |
| <input type="checkbox"/> Uses computer's spell checker | | |
| <input type="checkbox"/> Uses computer for a variety of purposes, such as _____ | | |
| <input type="checkbox"/> Has potential to use computer but has not used a computer because _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

5. Computer Availability and Use

The student has access to the following computer(s)

- PC Macintosh Other _____
 Desktop Laptop

Location: _____

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 _____

WATI Student Information Guide

SECTION 2

Fine Motor Related to Computer (or Device) Access

1. Current Fine Motor Abilities

Observe the student using paper and pencil, typewriter, computer, switch, etc. Look at the movements as well as the activities and situations. Does the student have voluntary, isolated, controlled movements using the following? (Check all that apply.)

- | | | |
|------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Left hand | <input type="checkbox"/> Right hand | <input type="checkbox"/> Eye(s) |
| <input type="checkbox"/> Left arm | <input type="checkbox"/> Right arm | <input type="checkbox"/> Head |
| <input type="checkbox"/> Left leg | <input type="checkbox"/> Right leg | <input type="checkbox"/> Mouth |
| <input type="checkbox"/> Left foot | <input type="checkbox"/> Right foot | <input type="checkbox"/> Tongue |
| <input type="checkbox"/> Finger(s) | <input type="checkbox"/> Eyebrows | <input type="checkbox"/> Other _____ |

Describe briefly the activities/situations observed _____

2. Range of Motion

Student has specific limitations to range. Yes No

Describe the specific range in which the student has the most motor control. _____

3. Abnormal Reflexes and Muscle Tone

Student has abnormal reflexes or abnormal muscle tone. Yes No

Describe briefly any abnormal reflex patterns or patterns of low or high muscle tone that may interfere with the student's voluntary motor control. _____

4. Accuracy

Student has difficulty with accuracy. Yes No

Describe how accurate, reliable and consistent the student is in performing a particular fine motor task. _____

5. Fatigue

Student fatigues easily. Yes No

Describe how easily the student becomes fatigued. _____

6. Assisted Direct Selection

What type of assistance for direct selection has been tried? (Check all that apply.)

Keyguard Head pointer/head stick

Pointers, hand grips, splints etc. Light beam/laser

Other: _____

Describe which seemed to work the best and why. _____

7. Size of Grid Student Is Able to Access

What is the smallest square the student can accurately access? 1" 2" 3" 4"

What is the optimal size grid? Size of square _____

Number of squares across _____

Number of squares down _____

8. Scanning

If student cannot direct select, does the student use scanning?

No

Yes, if yes Step Automatic Inverse Other _____

Preferred control site (body site) _____

Other possible control sites _____

9. Type of Switch

The following switches have been tried. (Check all that apply. **Circle the one or two** that seemed to work the best.)

Touch (jellybean) Light touch Wobble Rocker

Joystick Lever Head switch Mercury (tilt)

Arm slot Eye brow Tongue Sip/puff

Tread Other _____

Summary of Student's Abilities and Concerns Related to Computer/Device Access _____

WATI Student Information Guide

SECTION 3

Composing 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 Writing _____

WATI Student Information Guide

SECTION 4

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. # _____
- Reliable no Reliable yes
- 2-word utterances 3-word utterances
- Semi intelligible speech, estimate % intelligible: _____
- Communication board Tangibles Pictures Combination pictures/words Words
- Voice output AC device (name of device) _____
- Intelligible speech Writing Other _____

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

	Always	Frequently	Occasionally	Seldom	Never
Turns toward speaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aware of listener's attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds to communication interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requests clarification from communication partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repairs communication breakdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires frequent verbal prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires frequent physical prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains communication exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terminates communication	<input type="checkbox"/>	<input 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.). _____

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
 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.)
 Yes No Auditory discrimination of sounds
 Yes No Auditory discrimination of words, phrases
 Yes No Selecting initial letter of word
 Yes No Following simple directions
 Yes No Sight word recognition
 Yes No Putting two symbols or words together to express an idea

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

- | | |
|--|--|
| <input type="checkbox"/> Maintains fixation on stationary object | <input type="checkbox"/> Looks to right and left without moving head |
| <input type="checkbox"/> Scans line of symbols left to right | <input type="checkbox"/> Scans matrix of symbols in a grid |
| <input type="checkbox"/> Visually recognizes people | <input type="checkbox"/> Visually recognizes common objects |
| <input type="checkbox"/> Visually recognizes photographs | <input type="checkbox"/> Visually recognizes symbols or pictures |
| <input type="checkbox"/> Needs additional space around symbol | <input type="checkbox"/> Visually shifts horizontally |
| <input type="checkbox"/> Visually shifts vertically | <input type="checkbox"/> Recognizes line drawings |

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

Explain anything else you think is significant about the responses the student currently uses or his/her need for augmenting communication (Use an additional page if necessary) _____

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

WATI Student Information Guide

SECTION 5

Reading

1. The Student Demonstrates the Following Literacy Skills. (Check all that apply.)

- 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 and 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
- 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
- Spells words using conventional spelling in situations other than memorized spelling tests
- 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.)

- Smaller amount of text on page
- Word wall to refer to
- Graphics to communicate ideas
- Bold type for main ideas
- Additional time
- Spoken text to accompany print
- Other _____
- Enlarged print
- Pre-teaching concepts
- Text rewritten at lower reading level
- Reduced length of assignment
- Being placed where there are few distractions
- Color overlay (List color _____)

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.)

- 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
- Talking dictionary or talking spell checker to pronounce single words
- Hand held scanner to pronounce difficult words or phrases
- Computer with text to speech software to
 - Speak single words
 - Speak sentences
 - Speak paragraphs
 - Read entire document

Explain what seemed to work about 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

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

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 6

Learning and Studying

1. Difficulties Student Has Learning New Material or Studying (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Remembering assignments | <input type="checkbox"/> Organizing information/notes |
| <input type="checkbox"/> Remembering steps of tasks or assignments | <input type="checkbox"/> Organizing materials for a report or paper |
| <input type="checkbox"/> Finding place in textbooks | <input type="checkbox"/> Turning in assignments |
| <input type="checkbox"/> Taking notes during lectures | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Reviewing notes from lectures | _____ |

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

- Print or picture schedule
- Low tech aids to find materials (e.g. index tabs, color coded folders)
- Highlighting text (e.g. markers, highlight tape, ruler)
- Recorded material
- Voice output reminders for assignments, steps of task, etc.
- Electronic organizers
- Pagers/electronic reminders
- Hand held scanner to read words or phrases
- Software for manipulation of objects/concept development
- Software for organization of ideas and studying
- Palm computers
- Other _____

3. Strategies Used

Please describe any adaptations or strategies that have been used to help this student with learning and studying.

Summary of Student's Abilities and Concerns in the Area of Learning and Studying _____

WATI Student Information Guide

SECTION 7

Math

1. Difficulties Student Has with Math (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Legibly writing numerals | <input type="checkbox"/> Understanding math related language |
| <input type="checkbox"/> Understanding meaning of numbers | <input type="checkbox"/> Understanding place values |
| <input type="checkbox"/> Understanding money concepts | <input type="checkbox"/> Completing simple addition and subtraction |
| <input type="checkbox"/> Completing multiplication and division | <input type="checkbox"/> Completing complex addition and subtraction |
| <input type="checkbox"/> Understanding units of measurement | <input type="checkbox"/> Understanding tables and graphs |
| <input type="checkbox"/> Creating graphs and tables | <input type="checkbox"/> Understanding time concepts |
| <input type="checkbox"/> Understanding fractions | <input type="checkbox"/> Working with fractions |
| <input type="checkbox"/> Converting to mixed numbers | <input type="checkbox"/> Understanding decimals /percents |
| <input type="checkbox"/> Solving story problems | <input type="checkbox"/> Understanding geometry |
| <input type="checkbox"/> Graphing | <input type="checkbox"/> Understanding the use of formulas |
| <input type="checkbox"/> Understanding and use of trigonometry functions | <input type="checkbox"/> Checking work |
| <input type="checkbox"/> Other _____ | |

2. Assistive Technology Tried

- | | |
|--|--|
| <input type="checkbox"/> Abacus | <input type="checkbox"/> Talking calculator |
| <input type="checkbox"/> Math line | <input type="checkbox"/> Braille calculator |
| <input type="checkbox"/> Enlarged math worksheets | <input type="checkbox"/> Alternative keyboards (e.g., IntelliKeys) |
| <input type="checkbox"/> Low-tech alternatives for answering | <input type="checkbox"/> Math “Smart Chart” |
| <input type="checkbox"/> Recorded material | <input type="checkbox"/> Tactile math devices (ruler, clock, etc.) |
| <input type="checkbox"/> Voice output reminders for assignments, steps of task, etc. | <input type="checkbox"/> Electronic organizers |
| <input type="checkbox"/> Pagers/electronic reminders | <input type="checkbox"/> Single word scanners |
| <input type="checkbox"/> Software for manipulation of objects/concept development | <input type="checkbox"/> On screen scanning calculator |
| <input type="checkbox"/> Talking or Braille watch | <input type="checkbox"/> Software for organization of ideas and studying |
| <input type="checkbox"/> Palm computers | |
| <input type="checkbox"/> Other _____ | |

3. Strategies Used

Please describe any strategies that have been used to help. _____

Summary of Student’s Abilities and Concerns Related to Math

WATI Student Information Guide

SECTION 8

Recreation and Leisure

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

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

2. Activities Student Especially Enjoys _____

3. Adaptations Tried to Enhance Participation in Recreation and Leisure _____

How did they help? _____

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

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

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

WATI Student Information Guide

SECTION 8

Recreation and Leisure

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

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

2. Activities Student Especially Enjoys _____

3. Adaptations Tried to Enhance Participation in Recreation and Leisure _____

How did they help? _____

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

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

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

WATI Student Information Guide

SECTION 9

Seating and Positioning

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
- Sits in seat with adaptive cushion that allows needed movement
- Sits in wheelchair part of day
- Sits comfortably in wheelchair most of 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
- 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

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 some positions, often indicates discomfort in the following positions _____

- Student has difficulty using table or desk
- There are concerns or questions about current wheelchair.
- 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 _____ _____ _____ _____

WATI Student Information Guide

SECTION 10

Mobility

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

- Crawls, rolls, or creeps independently
- Is pushed in manual wheelchair
- Uses wheelchair for long distances only
- Uses manual wheelchair independently
- Is learning to use power wheelchair
- Uses power wheelchair
- Needs help to transfer in and out of wheelchair
- Transfers independently
- Has difficulty walking
- Walks with assistance
- Has difficulty walking up stairs
- Has difficulty walking down stairs
- Needs extra time to reach destination
- Walks independently
- Walks with appliance
- Uses elevator key independently

2. **Concerns About Mobility** (Check all that apply.)

- Student seems extremely tired after walking, 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 class 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 _____

WATI Student Information Guide

Section 11

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: _____

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

- Requires frequent physical prompts
- Requires frequent verbal cues
- Needs only intermittent cues
- Uses device to complete tasks independently
- Trouble-shoots problems related to device

5. Writing/Handwritten Materials (Check all that apply.)

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

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

WATI Student Information Guide

SECTION 12

Hearing

A hearing specialist should be consulted to complete this section.

1. Audiological Information

Date of last audiological exam _____

Hearing loss identified

Right Ear	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Profound
Left Ear	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Profound

Onset of hearing loss _____ Etiology _____

2. 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
- Hears some speech sounds
- Understands synthesized speech

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

- Poor Inconsistent Limited Good Excellent

4. Communication Used by Others

Indicate the form of communication generally used by others in each of the following environments.
(Check all that apply.)

	School	Home	Community
<input type="checkbox"/> Body language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gestures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cued speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Picture cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Written messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Signs and speech together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Signed English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Contact (Pidgin) sign language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> American Sign Language (ASL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Level of Receptive Proficiency in Each Environment

	School	Home	Community
<input type="checkbox"/> Understands single words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Understands short phrases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Understands majority of communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- Speech
- Signs and speech together
- Signed English
- Other_____
- American Sign Language
- Gestures
- Picture cues
- Body language
- Written messages
- Contact (Pidgin) sign language

Level of expressive communication:

- Single words
- Combination of words
- 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)

- Audiology
- Educational interpreter using:
- Note taker
- ASL
- Transliterating
- PSE
- Oral

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

- Hearing aids
- Vibrotactile devices
- FM system
- Cochlear implant
- Classroom amplification system
- Other_____
- Telecaption decoder
- TTY/TDD

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

- Cannot hear teacher/other students
- Cannot participate in class discussions
- Displays rec./exp. language delays
- Cannot respond to emergency alarm
- Cannot benefit from educational videos/programs
- 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 _____

HILIA ASSISTIVE TECHNOLOGY EVALUATION GUIDE

RESOURCES

1. AGENCY RESOURCES
2. TOOL RESOURCES
 - WEB-BASED RESOURCES
 - ASSISTIVE TECHNOLOGY CONSIDERATION RESOURCE GUIDE
 - COMMON QUESTIONS – TECHNOLOGY TOOLBOX
3. SAMPLE GOALS & OBJECTIVES

Agency Resources

Assistive Technology Exchange Network (ATEN) - ISBE provides access to assistive technology devices (mostly computers) through at no charge to the school district through a grant with United Cerebral Palsy's Infinitec Program.

Division of Specialized Care for Children - Services or devices that are part of a medical treatment plan, if pre-authorized, may be supported for children ages birth to 18 with severe chronic physical disabilities and health impairments. In conjunction with DPA, the Home Care Program may provide assistive technology.

Illinois Assistive Technology Project - Provides in-service training and materials on a variety of topics related to assistive technology. Training opportunities are provided for consumers, parents, educators, service providers and others interested in assistive technology devices, services and issues.

Illinois Department of Public Aid - May purchase medically necessary devices or services for Medicaid-eligible children. Prior approval required.

Office of Rehabilitation Services - Assistive technology may be purchased by shared funding through ORS if part of transition goals.

Special Education Assistive Technology (SEAT) Center at Illinois State University - Focuses on teaching pre-service and practicing professionals the skills they need to meet the technology needs of individuals with disabilities through practical, performance-based instruction.

RIATT @ NASDSE - Provides access to materials developed in partnership with a consortium of assistive technology professionals. Training is provided via distance education.

Web resources to find tools and information about specific tools:

Abledata

<http://www.abledata.com>

Closing the Gap

<http://www.closingthegap.com>

Infinitec Coalition

<http://www.coalitionconnection.org>

SAMPLE IEP GOALS / OBJECTIVES

RELATED TO WRITING

Annual Goal:

Kenny will write a single paragraph narrative essay using a portable keyboarding device.

Benchmarks:

Kenny will demonstrate the basic operations (file open, change files, file upload, spell check) of a portable keyboarding device with prompting.

Kenny will demonstrate the basic operations (file open, change files, file upload, spell check) of a portable keyboarding device with prompting.

Using a portable keyboarding device, Kenny will write a 5 sentence paragraph without any spelling errors.

Annual Goal:

Antwon will use the computer to correct spelling errors in his compositions and to practice combining sentences to improve the quality of his writing

Benchmarks:

Antwon will work independently on a computer equipped with voice output word processor, a spell checker and draft writing support software and edit his work after joint review with the teacher.

Antwon's sentence length will increase from four to 6-8 words with all words correctly spelled when the composition is resubmitted

Annual Goal:

Beth will use a computer to write her book report each month for 3 months

Benchmarks:

Beth will write a book report using guided writing prompts, a report template, and a voice output word processor equipped with spell check.

In the report, Beth will be able to distinguish fact from fiction, opinion from fact, the main idea and the main character.

Beth will describe one incident from the book in her own words.

Beth will select at least one character and discuss at least one strength and one weakness

Annual Goal:

L'Tasha will organize her thoughts, outline and write a social studies report using a computer equipped with outlining and draft writing support software.

Benchmarks

L'Tasha will research a specific topic using the Internet.

She will insert relevant topics into a social studies report outline template

She will expand her outline into a draft using a draft writing support software for sharing with a small group

She will edit the report with the teacher's assistance then edit and print the final report

OTHER WRITING BENCHMARKS

Using a word processing program with a spelling checker, Shawn will compose three paragraph themes consisting of fifteen or more sentences with 80% or better accuracy in the use of spelling, punctuation, and grammar over 5 or more consecutive trials

Using a computer keyboard, Rachel will type 12 words per minute with no errors over 10 or more consecutive 25-30 word samples

Susan will use a computer and printer to complete written classroom exercises on a daily basis for at least two weeks

Given the journal time passage and using a word processor, Tran will write at least two sentences using at least three of the vocabulary words from a word cue list. After checking work with the electronic spell checker, the student will have no spelling errors and a maximum of two punctuation errors

After hearing the journal passage, the student, using a word processor with speech output, will copy the topic sentence from the board with no copying errors and print out the sentence when finished

Independent Living Skills

Using a head operated switch connected to her hair dryer, Tammi will dry her hair independently within 15 minutes for 3 of 4 opportunities.

Social-Communication Skills

Using an electronic communication device, Sara will respond appropriately to social inquiries from classmates 5 times out of 5 opportunities over 5 consecutive days

Maggie will make oral presentations at least twice per week and participate in class discussions daily using an appropriately programmed electronic communication device