

RECORDKEEPING FOR ASSISTIVE TECHNOLOGY CONSIDERATION

Student's Name: _____ Date: _____
Birthdate: _____
Grade: _____
School: _____
Teacher: _____ Phone: _____

Team Members	Position	Phone

Briefly describe the student and disabling condition (note if history of seizures/allergies):

Briefly describe educational tasks the student is not able to do because of the disability:

Briefly describe the student's interests and preferred activities:

Briefly describe learning environments:

COGNITIVE INFORMATION	
<p>Processes and responds to information:</p> <input type="checkbox"/> without modifications <input type="checkbox"/> with additional thinking time <input type="checkbox"/> with repetition of instruction <input type="checkbox"/> with repeated practice <input type="checkbox"/> with multiple methods of presentation	<p>Demonstrates awareness of objects by:</p> <input type="checkbox"/> verbalizing <input type="checkbox"/> seeking with eyes <input type="checkbox"/> seeking physically <input type="checkbox"/> Other (specify): _____
<p>In the area of problem solving, student:</p> <input type="checkbox"/> invents new strategies <input type="checkbox"/> is independent <input type="checkbox"/> asks for help <input type="checkbox"/> waits passively for help <input type="checkbox"/> acts impulsively <input type="checkbox"/> is prompt dependent <input type="checkbox"/> lacks awareness of problem	<input type="checkbox"/> Attends to task for appropriate time <input type="checkbox"/> Concentrates in a distracting environment <input type="checkbox"/> Understands cause and effect <input type="checkbox"/> Chooses between _____ items <input type="checkbox"/> Carries out tasks of two or more steps <input type="checkbox"/> Sequences series of _____ items <input type="checkbox"/> Recalls a sequence of _____ items <input type="checkbox"/> Classifies objects into categories <input type="checkbox"/> Understands directional concepts
<input type="checkbox"/> Reads at _____ grade level Describe other achievement levels:	<p>Demonstrates symbolic representation with:</p> <input type="checkbox"/> objects <input type="checkbox"/> photographs <input type="checkbox"/> pictures <input type="checkbox"/> alphabets and numerals <input type="checkbox"/> Other (specify): _____

SENSORY INFORMATION	
<p>Vision</p> <input type="checkbox"/> Within normal limits <input type="checkbox"/> Wears glasses or corrective lenses <input type="checkbox"/> Has known visual impairment <input type="checkbox"/> Lighting affects vision <input type="checkbox"/> Needs objects placed in visual field <input type="checkbox"/> Can fixate vision on stationary object <input type="checkbox"/> Can follow a moving object <input type="checkbox"/> Can scan to find object <input type="checkbox"/> Has figure-ground discrimination <input type="checkbox"/> Has depth perception	<p>Comments:</p>
<p>Hearing</p> <input type="checkbox"/> Within normal limits <input type="checkbox"/> Has known hearing loss <input type="checkbox"/> Wears hearing aid/FM system <input type="checkbox"/> Has auditory perceptual deficits <input type="checkbox"/> Responds to sounds appropriately	<p>Comments:</p>
<p>Tactile function</p> <input type="checkbox"/> Within normal limits <input type="checkbox"/> Has somatosensory deficits	<p>Comments:</p>

MOTOR

Mobility and Positioning: <input type="checkbox"/> Walks independently <input type="checkbox"/> Walks with assistance <input type="checkbox"/> Uses wheelchair <input type="checkbox"/> manual <input type="checkbox"/> motorized <input type="checkbox"/> Sits independently in regular chair <input type="checkbox"/> Sits with supports/special chair <input type="checkbox"/> Unable to sit upright		Comments (describe equipment, supports, accessories, etc.):
Motor control: <input type="checkbox"/> head <input type="checkbox"/> eyes <input type="checkbox"/> eyebrow L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> cheek L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> chin <input type="checkbox"/> mouth/tongue <input type="checkbox"/> shoulder L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> elbow L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> forearm/wrist L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> hand/fist L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> finger(s) <input type="checkbox"/> thigh/leg L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> knee L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> foot/heel L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> toe(s)	Comments (range of movement, etc): 	

<p>Motor skills:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Eats independently <input type="checkbox"/> Dresses independently <input type="checkbox"/> Toilets independently <input type="checkbox"/> Writes with pencil/pen <input type="checkbox"/> Types with both hands <input type="checkbox"/> Types with one or more digits <input type="checkbox"/> Uses both hands for 2-handed task <input type="checkbox"/> Holds/releases objects with control <input type="checkbox"/> Points with accuracy among ___ items <ul style="list-style-type: none"> <input type="checkbox"/> with index <input type="checkbox"/> with _____ <p style="text-align: center;">(specify body part)</p>	<p>Comments:</p>
<p>Factors interfering with motor function:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Poor balance <input type="checkbox"/> Fatigue/low endurance <input type="checkbox"/> Uncoordinated movements <input type="checkbox"/> Tremor <input type="checkbox"/> Reflexes <input type="checkbox"/> High muscle tone <input type="checkbox"/> Low muscle tone <input type="checkbox"/> Contractures 	<p>Comments:</p>
<p>Control enhancers, positioning components used at school:</p> <ul style="list-style-type: none"> <input type="checkbox"/> non-slip surface <input type="checkbox"/> modified grips/handles/rims <input type="checkbox"/> universal cuff/splint <input type="checkbox"/> mouthstick/headpointer <input type="checkbox"/> reacher <input type="checkbox"/> slant board <input type="checkbox"/> other _____ <input type="checkbox"/> special chair <input type="checkbox"/> prone stander <input type="checkbox"/> bolster <input type="checkbox"/> seating supports <input type="checkbox"/> wedge <input type="checkbox"/> other _____ 	<p>Comments:</p>

ALTERNATIVE AUGMENTATIVE COMMUNICATION

Student's speech:

- can be understood by strangers
- can only be understood by family/close associates
- is difficult for family/close associates to understand
- is never understood by others

What objects/events will motivate the student to communicate?

Communication Responses

Communication Function	Complex speech (sentences)	Multiple words (phrases)	One word utterance	Vocalizations (hum, whine, shout)	Complex signing	Gestures or single signs	Gestures or single signs	Shakes/nods head	Echolalia	Pointing	Leading (pulls hand)	Grab/reach	Gives object	Fixed eyegaze	Facial expression	Moves close/hugs	Moves away/leaves situation	Increased movement hyperactivity)	Aggression/frustration	Self-injury	Other (specify)
Request attention																					
Request help																					
Express preference																					
Request a break																					
Tell you about something/someplace																					
Indicate pain/discomfort																					
Indicate confusion																					
Protest or reject something or a situation																					

What are the student's potential message needs?

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> call attention <input type="checkbox"/> make simple choices <input type="checkbox"/> signal emergencies <input type="checkbox"/> confirm/reject <input type="checkbox"/> make requests <input type="checkbox"/> give opinions <input type="checkbox"/> augment speech <input type="checkbox"/> write school papers <input type="checkbox"/> take notes | <ul style="list-style-type: none"> <input type="checkbox"/> answer yes/no questions <input type="checkbox"/> greet people <input type="checkbox"/> express emotion <input type="checkbox"/> initiate an interaction <input type="checkbox"/> converse <input type="checkbox"/> clarify communication intent <input type="checkbox"/> provide unique information <input type="checkbox"/> edit text <input type="checkbox"/> other (specify): _____ |
|---|---|

Best method of presenting choices to student:

- visual auditory tactile combination

Communication interventions tried/used with student:

- gestural/sign system
- object board
- eye pointing system
- picture board/book
- photos
- colored line drawing
- plain line drawing
- computer-based program

Name: _____

- dedicated communication device

Name: _____

Student sequences symbols/words to communicate a longer message

Student associates multiple meanings to an icon (e.g., picture of a sun having many meanings such as sun, hot, yellow, day, round, etc.)

Number of vocabulary items or cells displayed on the device/per board: ____
 ____ rows ____ columns

Selection method:

- direct row/column scanning step scanning auditory scanning

Strategies used consistently to foster communication in AAC users:

- structuring the environment to foster interaction
- adapting activities to solicit student participation
- providing meaningful opportunities for communication
- avoiding yes/no questions and test questions
- pacing the interaction; giving the student time to communicate
- consistently responding to student's communication attempts
- providing models for the student's expressive modes of communication
- prompting, if necessary
- waiting; using pauses to cue the student that communication is expected
- consistently providing student with choices

COMPUTER/EQUIPMENT ACCESS

<p>Describe computer system:</p> <p>Make _____</p> <p>Operating system _____ version _____</p> <p>RAM: _____ MB Processor: _____ MHz</p> <p><input type="checkbox"/> 3.5" floppy drive</p> <p><input type="checkbox"/> CDROM player</p> <p><input type="checkbox"/> Removable storage _____</p> <p><input type="checkbox"/> Printer _____</p>	<p>Comments:</p>
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List software titles available at school:	Student uses with success	Unable to use/has not tried yet
<input type="checkbox"/> word processor Name:	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

List adaptive tools available at school:	Student uses with success	Not appropriate/ Not required
<input type="checkbox"/> spell checker Name:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> dedicated word processor Name:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> tape recorder	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> text-to-speech Name:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> word prediction Name:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> voice recognition Name:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> alternative keyboard (expanded, mini, on-screen, etc.) Name:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> alternative mouse (trackball, joystick, trackpad, etc.) Name:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> touch display Name:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> keyguard	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> switch interface/control unit Name:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> switch Name:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> switch Name:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> switch Name:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> switch Name:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> switch adapted toys	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> others Names:	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

INTERVENTION LOG

Educational task or activity:		
Performance expectations:		
Date:	Intervention used:	Performance outcomes: