



Assistive Technology Services
 5 BOCES Road
 Poughkeepsie, NY 12601
 (845) 486-8004
 Fax (845) 486-8044

ASSISTIVE TECHNOLOGY REFERRAL FORM

Student: _____ *Date:* _____

DOB: _____ *Grade Level:* _____ *Type of Program Placement:* _____

School: _____ *Disability:* _____

Teacher of Record: _____ *Telephone:* _____

Parents: _____ *Telephone:* _____

Persons Completing Guide: Please note that the student’s teacher, all related service providers and staff providing services are expected to give input during this process. Please list all personnel:

Name	Position

What specific instructional or educationally relevant areas would you like to see addressed during this evaluation? What do you want the student to be able to do that he or she is not able to do at this time? **Attach current IEP.**

What information (results) do you hope to gain as a result of this consultation or evaluation?

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

WATI Student Information Guide

SECTION 1

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.

Assistive Technology Assessment Forms

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 2 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 _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

Assistive Technology Assessment Forms

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 3

Composing Written Material

1. Typical of Student's Present Writing (Check all that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Short words | <input type="checkbox"/> Sentences | <input type="checkbox"/> Multi-paragraph reports |
| <input type="checkbox"/> Short phrases | <input type="checkbox"/> Paragraphs of 2-5 sentences | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Complex phrases | <input type="checkbox"/> Longer paragraphs | _____ |

2. Difficulties Currently Experienced by Student (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Answering questions | <input type="checkbox"/> Generating ideas |
| <input type="checkbox"/> Getting started on a sentence or story | <input type="checkbox"/> Working w/peers to generate ideas and information |
| <input type="checkbox"/> Adding information to a topic | <input type="checkbox"/> Planning content |
| <input type="checkbox"/> Sequencing information | <input type="checkbox"/> Using a variety of vocabulary |
| <input type="checkbox"/> Integrating information from two or more sources | <input type="checkbox"/> Summarizing information |
| <input type="checkbox"/> Relating information to specific topics | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Determining when to begin a new paragraph | _____ |

3. Strategies for Composing Written Materials Student Currently Utilizes (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Story starters | <input type="checkbox"/> Webbing/concept mapping |
| <input type="checkbox"/> Preset choices or plot twists | <input type="checkbox"/> Outlines |
| <input type="checkbox"/> Templates to provide the format or structure
(both paper and electronic) | <input type="checkbox"/> Other _____ |

4. Aids/Assistive Technology for Composing Written Materials Utilized by Student
(Check all that apply.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Word cards | <input type="checkbox"/> Word book | <input type="checkbox"/> Word wall/word lists |
| <input type="checkbox"/> Prewritten words on cards or labels | | |
| <input type="checkbox"/> Dictionary | <input type="checkbox"/> Electronic dictionary/spell checker | |
| <input type="checkbox"/> Whole words using software or hardware (e.g. IntelliKeys) | | |
| <input type="checkbox"/> Symbol-based software for writing (e.g. Writing with Symbols 2000 or Pix Writer) | | |
| <input type="checkbox"/> Word processing with spell checker/grammar checker | | |
| <input type="checkbox"/> Talking word processing | <input type="checkbox"/> Abbreviation/expansion | |
| <input type="checkbox"/> Word processing with writing support | | |
| <input type="checkbox"/> Multimedia software | <input type="checkbox"/> Voice recognition software | |
| <input type="checkbox"/> Other _____ | | |

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

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 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
- 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

Assistive Technology Assessment Forms

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 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: _____

Assistive Technology Assessment Forms

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_____

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"/> Tangible symbols	<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"/>

Assistive Technology Assessment Forms

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 13

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?
