SETT Framework for Consideration and/or Evaluation of Assistive Technology

The SETT Framework is a tool that helps teams gather and organize information that can be used to guide collaborative decisions about services that foster the educational success of students with disabilities. Originally developed to support assistive technology selection and use in educational settings, the principles of the SETT framework have been used to guide decisions about a much broader range of educational services, and also, with minor adjustments, have been successfully used in non-educational environments and service plans. SETT is an acronym for Student, Environments, Tasks and Tools.

The SETT framework is based on the premise that in order to develop an appropriate system of Tools (supports –devices, services, strategies, accommodations, modifications, etc.) teams must first develop a shared understanding of the student, the customary environments in which the student spends time, and the tasks that are required for the student to be able to do or learn to do in order to be an active participant in the teaching/learning processes that lead to educational success. When the needs, abilities, and interests of the Student, the details of the Environments, and the specific Tasks required of students in those environments are fully explored, teams are able to consider what needs to be included in a system of tools that is Student-centered, Environmentally useful, and Tasks-focused.

The following process is helpful when initiating a full SETT Framework. The first document "Quick Consideration" is just a quick look into a student's possible needs. Completing this document will assist a team in determining if a complete SETT framework is appropriate and/or necessary. For assistance, please contact the BSED Assistive Technology Consultant or visit: http://www.bentonstearns.k12.mn.us/A_Tech.htm

Items listed in **BOLD** are documents found in this packet and are also available at the website above. The **WATI Assistive Technology Assessment Procedure Guide** will also be implemented.

1. Completion of **the Quick Consideration for Assistive Technology** to determine if a full SETT is appropriate and/or necessary. In the case of trialing a mid-tech or high-tech device, a full SETT is necessary.
2. When assistance from BSED AT Consultant is necessary, complete **Request for BSED Support Staff.**
3. Completion of the SETT Framework and appropriate, corresponding documents/assessments, as listed below:
   a. SETT Framework
      i. S(tudent) – gathers information regarding the student's strengths and needs
         1. MDE **Student, Environment and Tasks Worksheet** – to be completed by all educational staff involved with student
         2. WATI **Assistive Technology Consideration Guide** – to be completed by ed team
         3. WATI **Referral/Question Identification Guide** – to be completed by ed team

4. MDE **Parent worksheet** – to be completed by Parents
5. MDE **Assistive Technology Status Log**

  ii. E(nvironment) and

  iii. T(asks) – gathers information regarding all environments the student participates in and the tasks that are expected of him/her

    1. WATI **Environmental Observation Guide** – to be completed by a member of the educational team

    2. WATI **Environmental Observation Summary** – to be completed by one or more members of the educational team (typically including the AT Consultant)

  iv. T(ools) – summarizes all of the above information and attempts to determine which tool(s) is/are most appropriate for meeting the students needs at the present time

    1. MDE – **Consideration of Tool System** – to be completed by educational team

b. Additional assessments as necessary
  i. **Reinforcement Preference Survey** – home and school
  ii. Fine Motor –
  iii. Gross Motor –
  iv. Communication –
  v. Intellectual –
  vi. Sensory –
  vii. Other –
  viii. Other –

4. Gathering of educational team to discuss data gathered from SETT Framework and additional assessments
  a. MDE **Assistive Technology Group Planning Template**
  b. MDE **Assistive Technology Checklist** – list of possible solutions/tools

5. Determine course of action
  a. Assistive Technology to be used, trial periods
  b. Further information needed

6. Set forth "Implementation Plan"
  a. MDE **SETT Framework Summary Sheet**
  b. **Benton Stearns Assistive Technology Implementation Plan**

WATI
Assistive Technology Assessment
Directions/Procedure Guide

School District/Agency_____School_____

Student_____Grade_____

Team Members_____

	Date Completed	Comments

Gathering Information:
Step 1: Team Members Gather Information
Review existing information regarding student's abilities, difficulties, environment, and tasks. If there is missing information, you will need to gather the information by completing formal tests, completing informal tests, and/or observing the student in various settings. The WATI Student Information Guide and Environmental Observation Guide are used to assist with gathering information. Remember, the team gathering this information should include parents, and if appropriate, the student.

Step 2: Schedule Meeting
Schedule a meeting with the team. Team includes: parents, student (if appropriate), service providers (e.g., spec. ed. teacher, general ed. teacher, SLP, OT, PT, administrator), and any others directly involved or with required knowledge and expertise.

Decision Making:
Step 3: Team completes Problem Identification Portion of AT Decision Making Guide at the meeting.
   (Choose someone to write all topics where everyone participating can see them.)

The team should quickly move through:
Listing the student's **abilities/difficulties** related to tasks (5-10 minutes).
Listing key aspects of the **environment** in which the student functions and the student's location and positioning within the environment (5-10 minutes).
Identifying the **tasks** the student needs to be able to do is important because the team cannot generate AT solutions until the tasks are identified (5-10 minutes).

(Note: The emphasis in problem identification is identifying tasks the student needs to be able to do, the relationship of the student's abilities/difficulties and characteristics of the environment of the student's performance of the tasks.)

Step 4: Prioritize the List of Tasks for Solution Generation

Identify critical task(s) for which the team will generate potential solutions. This may require a redefining or reframing of the original referral question, but is necessary so that you hone in on the most critical task

Step 5: Solution Generation

Brainstorm all possible solutions.

Note: The specificity of the solutions will vary depending on the knowledge and experience of the team members; some teams may generate names of specific devices with features that will meet the student's needs, other teams may simply talk about features that are important, e.g., "needs voice output," "needs to be portable," "needs few (or many) messages," "needs input method other than hands," etc. Teams may want to use specific resources to assist with solution generation. These resources include, but are not limited to: the AT Checklist, the ASNAT Manual, *Closing the Gap Resource Directory*, and/or an AT Consultant.

Step 6: Solution Selection

Discuss the solutions listed, thinking about which are most effective for the student. It may help to group solutions that can be implemented 1) immediately, 2) in the next few months, and 3) in the future. At this point list the names of specific devices, hardware, software, etc. If the team does not know the names of devices, etc., use resources noted in Step 5 or schedule a consultation with a knowledgeable resource person (that is the part of the decision-making that should require the most time; plan on 20-30 minutes here).

Step 7: Implementation Plan

Develop implementation plan (including trials with equipment) – being sure to assign specific names and dates, and determine meeting date to review progress (follow-up Plan).
Reminder: Steps 3-7 occur in a meeting with all topics written where all participants can see them. Use a flip chart, board or overhead during the meeting, because visual memory is an important supplement to auditory memory. Following the meeting, ensure that someone transfers the information to paper for the student's file for future reference.

Trial Use:

Step 8: Implement Planned Trials
Step 9: Follow Up on Planned Date

Review trial use. Make any needed decisions about permanent use. Plan for permanent use.

Benton Stearns Education District
Quick Consideration for Assistive Technology
Student, Environment, Tasks and Tools (SETT)

Student: _____   School: _____   Grade: _____

Team participants: names and titles

Case Manager: _____   CM Phone: _____   Date: _____

IEP Goal area(s) being addressed:

STUDENT: What are the student's strengths and needs?	ENVIRONMENT: Classes and situations where help is needed?	TASKS: What are the tasks that the student needs to be able to accomplish to meet IEP goals?	TOOLS: What AT or services will address these tasks?

Trial Period recommended?   No _____ Yes _____
If yes, complete and attach "Request for BSED Support" (found at http://www.bentonstearns.k12.mn.us/ATRequest.htm).

REQUEST FOR BSED SUPPORT STAFF

Requesting: ☐ Assessment or ☐ Consultation   **Referral:** ☐ New   ☐ Continued

A. Complete For All Referrals:

Pupil's Full Name: [   ]   **D.O.B.:** [   ]   **ECSE/KNDG** [   ]

Teacher: [   ]   **Grade:** [   ]   ☐ AM   ☐ PM

Parent(s) Name: [   ]   **School:** [   ]   **Days of Week**

Physician: [   ]   **Room:** [   ]   ☐ Mon   ☐ Wed   ☐ Fri   ☐ Tues   ☐ Thurs

Medical Diagnosis : ☐ Yes   ☐ No   List Diagnosis: [   ]

Primary Physician: [   ]

Does child receive medical therapies: ☐ Yes   ☐ No   Where: [   ]
(i.e. OT, PT or Speech)

Special Equipment/Services: [   ]
(i.e. glasses, orthotics, hearing aids, FM systems, interpreter, para)

Primary disability as listed on IEP/IFSP:(if applicable) [   ]

School services student currently recieves:

☐ Speech   ☐ ECSE   ☐ OHD   ☐ ASD   ☐ VI   ☐ SLD   ☐ EBD   ☐ PI

☐ D/HH   ☐ TBI   ☐ DCD   ☐ OT   ☐ DAPE   ☐ D/B   ☐ SMI   ☐ PT

Other: (specify) [   ]

Areas of Concern: [   ]

(List problems that the learner is experiencing that interfere with academic progress and/or specific skills.)

B. Vision Referrals Only:
1. Attach medical records verifying visual impairment.
2. Do not have parents sign for vision assessment until Vision Consultant has verified medical documentation of vision impairment.

C. Hearing Referrals Only:
1. Attach copies of all previous audiograms or tympanograms.

AT PRE-REFERRAL SUMMARY
Please return with "Request for BSED Support Staff"

Requested Service

☐ Posture/Seating   ☐ Equipment Loan

☐ Assistance with Evaluation   ☐ Funding Assistance

Type of AT requested (check all that apply)

☐ Switch adapted toys   ☐ Aug com device w/ voice output

☐ Manual communication board/system   ☐ Wheelchair mounts

☐ Computer access/software   ☐ Curriculum/lesson plan ideas

☐ Low tech vision aids   ☐ Assistance with Evaluation

☐ Amplification system   ☐ Other, please specify

☐ Writing aids

Type of AT Currently Used (check all that apply)

☐ Switch adapted toys   ☐ Aug com device w/ voice output

☐ Manual communication board/system   ☐ Wheelchair mounts

☐ Computer access/software   ☐ Curriculum/lesson plan ideas

☐ Low tech vision aids   ☐ Assistance with Evaluation

☐ Amplification system   ☐ Other, please specify

☐ Writing aids

Student Specific

Please complete this information to the best of your ability.

I. **Current Skills (Please briefly describe student's skills in each of the following areas)**

    a. **Motor** (include motor limitations, access mode if student uses switches)

    b. **Cognitive** (include reading/writing skill level)

    c. **Health status**

       i. Vision

       ii. Hearing

       iii. Other health concerns

    d. **Language** (communication mode, receptive/expressive skill level)

II. What is your main area of concern with this student?

- [ ] Writing
- [ ] Communication
- [ ] Reading
- [ ] Seating & positioning

- [ ] Mobility
- [ ] Vision
- [ ] Hearing

III. What is your goal? (what do you want him/her to be able to DO?)

IV. What else has been attempted to reach this goal?
(other devices, switches, communication modes, etc)?

Student, Environment, and Tasks Worksheet
Assistive Technology Planning Process

Student Name .... Grade .... Date ....

Directions: Complete information about the student, environment, and the tasks prior to the IEP meeting to develop information about assistive technology status and potential needs. This worksheet should be completed by members of the team who are familiar with the student. Please bring the completed *Student, Environment, and Tasks Worksheet* to the planning meeting.

I. Student

1. What does the student need to do, but is currently unable to do?

   ....

   ....

   ....

2. What are the student's strengths, abilities, accomplishments, and/or motivators? Any "success stories" you would like to share?

   ....

   ....

   ....

3. What are the student's unique needs?

   ....

   ....

   ....

4. What strategies or accommodations have you used successfully for this student?

   ....

   ....

   ....

5. What are the student's long-range or transition goals?

   ....

   ....

   ....

6. What behaviors (both positive and negative) significantly impact the student's performance?

   ....

   ....

   ....

7. What strengths, learning style, coping strategies or interests should be considered by the team?

   ....

   ....

   ....

Adapted from L. Rees (1999), Intermediate District 287, Plymouth MN.

8. What other issues should be discussed at the team meeting?

....

....

....

II. Environment

What environments are typical for the student to complete IEP related tasks? Select up to three environments where strategies, assistive technology products, or adaptations are necessary.

1. ....

2. ....

3. ....

Complete questions in the table below for each environment. Use additional sheets if necessary.

	Environment 1	Environment 2	Environment 3
1. What materials are currently available to the student?			
2. What is the physical arrangement?			
3. What is the instructional arrangement?			
4. What supports are currently available in this environment?			
5. What resources are available to the team to support the student?			

III. Tasks

Use the table below to identify critical tasks. Use additional sheets if needed for more than three tasks.

	Task 1	Task 2	Task 3
1. What are the naturally occurring activities (tasks) that take place in the environment that are critical to the student?			

2. What are other ways of completing the tasks?			

Notes:

....
....
....
....

WATI

▲▲▲ WATI Assistive Technology Consideration Guide

Student's Name_____ School_____

1. What task is it that we want this student to do, that they are unable to do at a level that reflects their skills/abilities (writing, reading, communicating, seeing, hearing)? Document by checking each relevant task below. Please leave blank any tasks that are not relevant to the student's IEP.
2. Is the student currently able to complete tasks with special strategies or accommodations? If yes, describe in Column A for each checked task.
3. Is there available assistive technology (either devices, tools, hardware, o software) that could be used to address this task? (If none are known, review WATI's AT Checklist.) If any assistive technology tools are currently being used (or were tried in the past), describe in Column B.
4. Would the use of assistive technology help the student perform this skill more easily or efficiently, in the least restrictive environment, or perform successfully with less personal assistance? If yes, complete Column C.

Task	A. If currently completes task with special strategies and / or accommodations, describe.	B. If currently completes task with assistive technology tools, describe.	C. Describe new or additional assistive technology to be tried.
☐ Motor Aspects of Writing			
☐ Computer Access			
☐ Composing Written Material			
☐ Communication			
☐ Reading			
☐ Organization			

WATI

Task	A. If currently completes task with special strategies and / or accommodations, describe.	B. If currently completes task with assistive technology tools, describe.	C. Describe new or additional assistive technology to be tried.
❒ Math			
❒ Recreation and Leisure			
❒ Activities of Daily Living (ADLs)			
❒ Mobility			
❒ Positioning and Seating			
❒ Vision			
❒ Hearing			

5. Are there assistive technology services (more specific evaluation of need for assistive technology, adapting or modifying the assistive technology, technical assistance on its operation or use, or training of student, staff, or family) that this student needs? If yes, describe what will be provided, the initiation and duration.

_____

_____

Persons Present:_____ Date:_____

Referral/Question Identification Guide

Student's Name_____ Date of Birth_____ Age__

School_____ Grade_____

School Contact Person_____ Phone_____

Persons Completing Guide_____

Date_____

Parent(s) Name_____ Phone_____

Address_____

Student's Primary Language_____ Family's Primary Language_____

Disability (Check all that apply.)
- ☐ Speech/Language
- ☐ Cognitive Disability
- ☐ Traumatic Brain Injury
- ☐ Emotional/Behavioral Disability
- ☐ Orthopedic Impairment – Type_____

- ☐ Significant Developmental Delay
- ☐ Other Health Impairment
- ☐ Autism

- ☐ Specific Learning Disability
- ☐ Hearing Impairment
- ☐ Vision Impairment

Current Age Group
- ☐ Birth to Three
- ☐ Middle School

- ☐ Early Childhood
- ☐ Secondary

- ☐ Elementary

Classroom Setting
- ☐ Regular Education Classroom
- ☐ Home

- ☐ Resource Room
- ☐ Other_____

- ☐ Self-contained

Current Service Providers
- ☐ Occupational Therapy
- ☐ Other(s)_____

- ☐ Physical Therapy

- ☐ Speech Language

Medical Considerations (Check all that apply.)
- ☐ History of seizures
- ☐ Has degenerative medical condition
- ☐ Has multiple health problems
- ☐ Has frequent ear infections
- ☐ Has allergies to_____
- ☐ Currently taking medication for_____
- ☐ Other – Describe briefly_____

- ☐ Fatigues easily
- ☐ Has frequent pain
- ☐ Has frequent upper respiratory infections
- ☐ Has digestive problems

Other Issues of Concern_____

Assistive Technology Currently Used (Check all that apply.)

- ❏ None
- ❏ Manual Communication Board
- ❏ Low Tech Vision Aids
- ❏ Environmental Control Unit/EADL
- ❏ Manual or Power Wheelchair
- ❏ Voice Recognition
- ❏ Adaptive Input - Describe_____
- ❏ Adaptive Output - Describe_____
- ❏ Other_____

- ❏ Low Tech Writing Aids
- ❏ Augmentative Communication System
- ❏ Amplification System
- ❏ Computer – Type (platform)_____
- ❏ Word Prediction

Assistive Technology Tried

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

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

_____
Outcome

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

_____
Outcome

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

_____
Outcome

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

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

- ❏ Section 1   Seating, Positioning and Mobility
- ❏ Section 2   Communication
- ❏ Section 3   Computer Access
- ❏ Section 4   Motor Aspects of Writing
- ❏ Section 5   Composition of Written Material
- ❏ Section 6   Reading

- ❏ Section 7   Mathematics
- ❏ Section 8   Organization
- ❏ Section 9   Recreation and Leisure
- ❏ Section 10   Vision
- ❏ Section 11   Hearing
- ❏ Section 12   General

WATI Student Information Guide
SECTION 1
Seating, Positioning and Mobility

1. Current Seating and Positioning of Student (Check all that apply.)

❑ Sits in regular chair w/ feet on floor

❑ Sits in regular chair w/ pelvic belt or foot rest

❑ Sits in adapted chair—list brand or describe: _____

❑ Sits in seat with adaptive cushion that allows needed movement

❑ Sits comfortably in wheelchair _____ part of day _____ most of the day _____ all of the day

❑ Wheelchair in process of being adapted to fit

❑ Spends part of day out of chair due to prescribed positions

❑ Spends part of day out of chair due to discomfort – specific or general area of discomfort _____

❑ Uses many positions throughout the day, based on activity

❑ Has few opportunities for other positions

❑ Uses regular desk

❑ Uses desk with height adjusted

❑ Uses tray on wheelchair for desktop

❑ Uses adapted table

2. Description of Seating (Check all that apply.)

❑ Seating provides trunk stability

❑ Seating allows feet to be flat on floor or foot rest

❑ Seating facilitates readiness to perform task

❑ There are questions or concerns about the student's seating

❑ Student dislikes some positions, often indicates discomfort in the following positions_____

_____

How is the discomfort communicated?_____

❑ Student has difficulty using table or desk—specific example: _____

❑ There are concerns or questions about current <u>seating</u>.

❑ Student has difficulty achieving and maintaining head control, best position for head control is_____

_____

How are their hips positioned?_____

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

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

_____

_____

WATI Student Information Guide
SECTION 2
Communication

1. Student's Present Means of Communication
    (Check all that are used. **Circle the primary method** the student uses.)

❏ Changes in breathing patterns   ❏ Body position changes   ❏ Eye-gaze/eye movement

❏ Facial expressions   ❏ Gestures   ❏ Pointing

❏ Sign language approximations   ❏ Sign language (Type_____ # signs_____

                               # combinations _____ # signs in a combination _____

❏   Vocalizations, list examples_____

❏   Vowels, vowel combinations, list examples_____

❏   Single words, list examples & approx. #_____

❏ 2-word utterances   ❏ 3-word utterances

❏ Semi intelligible speech, estimate % intelligible:_____

❏ Communication board   ❏ Tangibles   ❏ Photos ❏Symbols   ❏ Visual Scenes

❏ Combination symbols/words   ❏ Words

❏ 2 symbol combinations- list examples _____

❏ 3 or more symbol combinations – list examples _____

❏ Communication book/binder – number of pages in book/binder _____

Does student navigate to desired page/message independently?   ❏ yes   ❏ no

❏ Schedule board(s) – list examples _____

❏ Speech Generating device(s) - please list_____

❏ Multiple overlays or levels – list examples _____

❏ Partner Assisted Scanning – please describe strategies and communication system _____

_____

❏ Intelligible speech   ❏ Writing   ❏ Other_____

Comments about student's present means of communicating _____

_____

Purposes of Communication

Does the student communicate:

❏ Wants/Needs – list examples _____

❏ Social interactions – list examples _____

❏ Social etiquette - list examples _____

❏ Denials/rejections – list examples _____

❏ Shared information, including joint attention – list examples _____

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

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

3. Current Level of Receptive Language

Age approximation _____

If formal tests used, name and scores_____

If formal testing is not used, please give an approximate age or developmental level of functioning. Explain your

rationale for this estimate. _____

_____

4. Current Level of Expressive Language

Age approximation: _____

If formal tests used, name and scores_____

If formal testing is not used, please give an approximate age or developmental level of functioning. Explain your

rationale for this estimate._____

5. Communication Interaction Skills

Desires to communicate   ❑ Yes   ❑ No

To indicate *yes* and *no* the student

❑ Shakes head   ❑ Signs   ❑ Vocalizes   ❑ Gestures   ❑ Eye gazes

❑ Points to board   ❑ Uses word approximations   ❑ Does not respond consistently

Can a person unfamiliar with the student understand the response?   ❑ Yes   ❑ No

(Continued on next page)

Does the student (check best descriptor)

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

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

_____

_____

6. Student's Needs Related to Devices/Systems (Check all that apply.)

❑ Walks ❑ Uses wheelchair ❑ Carries device under 2 pounds

❑ Drops or throws things frequently ❑ Needs digitized (human) speech

❑ Needs device w/large number of words and phrases

❑ Requires scanning

❑ Requires auditory preview

❑ One reliable switch site ❑ More than one reliable switch site

❑ Other_____

7. Pre-Reading and Reading Skills Related to Communication (Check all that apply.)

❑ Yes ❑ No Object/picture recognition

❑ Yes ❑ No Symbol recognition (tactile, Mayer-Johnson, Rebus, etc.) Number of symbols _____

❑ Yes ❑ No Auditory discrimination of sounds

❑ Yes ❑ No Auditory discrimination of words, phrases

❑ Yes ❑ No Selects initial letter of word

❑ Yes ❑ No Follows simple directions

❑ Yes ❑ No Sight word recognition Number of words _____

❑ Yes ❑ No Recognizes environmental print

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

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

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

☐ Maintains fixation on stationary object
☐ Visually recognizes people
☐ Visually recognizes common objects
☐ Visually recognizes photographs
☐ Visually recognizes symbols or pictures
☐ Needs additional space around symbol
☐ Requires high contrast symbols or borders

☐ Looks to right and left without moving head
☐ Scans matrix of symbols in a grid
☐ Scans line of symbols left to right
☐ Visually shifts horizontally
☐ Visually shifts vertically
☐ Looks at communication partner
☐ Benefits from "zoom" feature

Is a specific type (brand) of symbols or pictures preferred?_____

What size symbols or pictures are preferred?_____

What line thickness of symbols is preferred? _____ inches

Does student seem to do better with black on white, white on black, or a specific color combination for figure/ground discrimination?_____

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

_____

_____

_____

_____

_____

9. Sensory Considerations:

Does the student have sensitivity to:

☐ Velcro

☐ Synthesized (computer generated) voices

☐ Volume

☐ Switch feedback (clicking noise)

☐ Tactile sensations

☐ Other

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

_____

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

School (regular and special ed., with peers, formal and informal- such as lunch room settings)

_____

_____

_____

Home _____

_____

_____

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

_____

_____

Summary of Student's Abilities and Concerns Related to Communication including past AT used

to support student's communication_____

_____

_____

_____

_____

_____

WATI Student Information Guide
SECTION 3
Computer Access

1. Current Computer Access

How does the student currently access the computer?

☐ Doesn't access the computer   ☐ Adapted keyboard/mouse_____

☐ Touch type with two hands   ☐ Specialized Software _____

☐ Hunt/peck with one hand   ☐ Head _____

☐ Touch type with one hand   ☐ Speech recognition _____

☐ Hunt/peck with one hand   ☐ Switch scanning _____

☐ Touchscreen   ☐ Other _____

List current AT_____

_____

_____

What difficulty is the student having with current method? _____

_____

_____

2. Previous Assistive Technology

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

_____

_____

_____

3. Physical Abilities

Does student have limitations to range of motion? ☐Yes   ☐No

Does student have abnormal reflexes or abnormal muscle tone? ☐Yes   ☐No

Does student have difficulty with accuracy? ☐Yes   ☐No

Does student fatigue easily? ☐Yes   ☐No

Describe how physical abilities affect computer use._____

_____

_____

_____

4. Motor Control

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

❑ Right hand	❑ Left hand	❑ Head
❑ Right arm	❑ Left arm	❑ Eyes
❑ Right leg	❑ Left leg	❑ Mouth
❑ Right foot	❑ Left foot	❑ Voice (Speech)
❑ Finger(s)	❑ Other _____	

5. Positioning

How is the student positioned for computer access?

❑ Regular classroom chair

❑ Regular classroom chair with adaptations _____

❑ Specialty chair _____

❑ Wheelchair _____

❑ Other _____

6. Sensory

Does the student have any issues with hearing? ❑Yes   ❑No

Does the student have any issues with vision? ❑Yes   ❑No

Describe how sensory issues abilities affect computer use._____

_____

_____

_____

7. Literacy

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

Reading ❑Yes   ❑No _____

Composition ❑Yes   ❑No _____

Spelling ❑Yes   ❑No _____

Math ❑Yes   ❑No _____

Computer Skills ❑Yes   ❑No _____

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

_____

_____

_____

_____

WATI Student Information Guide

SECTION 4
Motor Aspects of Writing

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

☐ Writes independently and legibly

☐ Writes cursive

☐ Writes on 1" lines

☐ Writes on narrow lines

☐ Uses space correctly

☐ Sizes writing to fit spaces

☐ Prints a few words

☐ Prints name

☐ Scribbles with a few recognizable letters

☐ Pretend writes

☐ Uses adapted pencil or pencil grips

☐ Holds pencil, but does not write

☐ Copies from book (near point)

☐ Copies from board (far point)

☐ Copies simple shapes

☐ Writing is limited due to fatigue

☐ Writing is slow and arduous

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

☐ 10 finger typing (functional speed)

☐ Multi finger typing (functional or slow)

☐ one finger typing (functional or slow)

☐ Does not currently type

☐ Activates desired key on command

☐ Accidentally hits unwanted keys

☐ Requires arm or wrist support to type

☐ ☐ Uses alternate keyboard(list)mmand _____

☐ Uses access software(list)_____

☐ Uses touch window

☐ Uses head or mouth stick

☐ Uses switch to access computer

☐ Uses Morse code to access computer

☐ Other_____

3. Computer Use (Check all that apply.)

☐ Uses a computer for word processing   ☐ Uses computer at school

☐ Uses a computer for Internet searches   ☐ Uses computer at home

☐ Uses a computer for spell check   ☐ Has never used a computer

☐ Uses computer for leisure (games, music, IM)_____

☐ Uses computer for other (list)_____

☐ Has potential to use computer but has not used a computer because_____

_____

_____

☐ Uses computer rarely (less than 1x/weekly)

☐ Uses computer daily

☐ Student uses computer for one or more subjects (list subjects) _____

_____

_____

4. Assistive Technology Currently Used (Check all that apply.)

☐ Adapted pencils-pencil grips

☐ Adapted papers

☐ Writing templates

☐ Adapted/portable keyboards

☐ Computers with accessibility features

☐ Adaptive Software: text to speech; word prediction; voice recognition_____ _____

☐ Scanned worksheets

☐ Other _____

5. Computer Availability

The student has access to the following computer(s):

☐ PC   ☐ Macintosh   ☐ Other_____

☐ Desktop   ☐ Laptop

Location:_____

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

_____

_____

_____

_____

WATI Student Information Guide
SECTION 5
Composition of Written Material

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

❏ Short words   ❏ Sentences   ❏ Multi-paragraph reports

❏ Short phrases   ❏ Paragraphs of 2-5 sentences   ❏ Other _____

❏ Complex phrases   ❏ Longer paragraphs   _____

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

❏ Answering questions   ❏ Generating ideas

❏ Getting started on a sentence or story   ❏ Working w/peers to generate ideas and information

❏ Adding information to a topic   ❏ Planning content

❏ Sequencing information   ❏ Using a variety of vocabulary

❏ Integrating information from two or more sources   ❏ Summarizing information

❏ Relating information to specific topics   ❏ Other_____

❏ Determining when to begin a new paragraph   _____

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

❏ Story starters   ❏ Webbing/concept mapping

❏ Preset choices or plot twists   ❏ Outlines

❏ Templates to provide the format or structure   ❏ Other_____
   (both paper and electronic)

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

❏ Word cards   ❏ Word book   ❏ Word wall/word lists

❏ Prewritten words on cards or labels

❏ Dictionary   ❏ Electronic dictionary/spell checker

❏ Whole words using software or hardware (e.g., IntelliKeys)

❏ Symbol-based software for writing (e.g., Writing with Symbols 2000 or Pix Writer)

❏ Word processing with spell checker/grammar checker

❏ Talking word processing   ❏ Abbreviation/expansion

❏ Word processing with writing support

❏ Multimedia software   ❏ Voice recognition software

❏ Other_____

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

_____

_____

WATI Student Information Guide
SECTION 6
Reading

1. The Student Demonstrates the Following Literacy Skills.

(Check all that apply. Add comments to clarify)

☐ Engages in joint attention with adult caregiver to activities (e.g. songs, stories, games and/or toys)

☐ Shows an interest in books and stories with adult

☐ Shows 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

☐ Recognizes and reads environmental print

☐ When asked to spell a word, gets first consonant correct, but not the rest of the word

☐ Demonstrates sound manipulation skills including:

      ☐ Initial and final sounds in words   ☐ Initial letter names/sounds

☐ Recognizes, names and prints the alphabet (if motor skills are limited, may use alternative means rather than printing to demonstrate knowledge of the alphabet)

☐ When asked to spell a word, gets first and last sounds correct

☐ Applies phonics rules when attempting to decode printed words

☐ Sound blends words

☐ Reads and understands words in context

☐ Uses inventive spelling most of the time

☐ Uses conventional spelling most of the time

☐ Reads and understands sentences

☐ Composes sentences using nouns and verbs

☐ Reads fluently with expression

☐ Reads and understands paragraphs

☐ Composes meaningful paragraphs using correct syntax and punctuation

2. Student's Performance Is Improved by (Check all that apply.)

☐ Smaller amount of text on page   ☐ Enlarged print

☐ Word wall to refer to   ☐ Pre-teaching concepts

☐ Graphics to communicate ideas   ☐ Text rewritten at lower reading level

☐ Bold type for main ideas   ☐ Reduced length of assignment

☐ Additional time   ☐ Being placed where there are few distractions

☐ Spoken text to accompany print   ☐ Color overlay or colored text/background

☐ Increased spacing between words/lines   (List color_____)

☐ Symbol or Rebus supports to text   ☐ Other _____

3. Reading Assistance Used

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

_____

_____

4. Assistive Technology Used

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

❑ Highlighter, marker, template, or other self-help aid in visual tracking

❑ Colored overlay to change contrast between text and background

❑ Tape recorder, taped text, or talking books to "read along" with text

❑ Digital Audio files (Mp3, iPod, etc.)

❑ Talking dictionary or talking spell checker to pronounce single words

❑ Hand held pen scanner to read difficult words or phrases

❑ Electronic text from

      ❑ internet   ❑ publisher   ❑ scanned text ❑ other _____

❑ Computer with text to speech software to

❑ Speak single words ❑ Speak sentences ❑ Speak paragraphs ❑ Read entire document

❑ Handheld device to read electronic books

❑ Electronic books from Bookshare or other digital source

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

_____

_____

_____

5. Approximate Age or Grade Level of Reading Skills_____

6. Cognitive Ability in General

    ❑ Significantly below average   ❑ Below average

    ❑ Average   ❑ Above average

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

Student has difficulty physically accessing the following.

    ❑ Single sheets of paper   ❑ Books

Student has difficulty understanding written language based on

    ❑ English Language Learner   ❑ Limited background experiences

Student has sensory difficulties with

    ❑ Visual clutter   ❑ Fluorescent lighting ❑ Background noise

    ❑ Personal Space   ❑ Other _____

Student has difficulty decoding the following.

    ❑ Worksheets   ❑ Content Textbooks   ❑ Trade Books   ❑ Tests

    ❑ Websites or other digital text

❑ Modified Curriculum _____

❑ Recreational text

Student has difficulty comprehending the following.

❑ Worksheets   ❑ Content Textbooks   ❑ Trade Books   ❑ Tests

❑ Websites or other digital text

❑ Modified Curriculum _____

❑ Recreational text

8. Computer Availability and Use

The student has access to the following computer(s):

❑ PC   ❑ Macintosh

9. The Student Uses a Computer:

❑ Rarely   ❑ Frequently   ❑ Daily for one or more subjects or periods   ❑ Every day, most of the day

For the following purposes_____

Summary of Student's Abilities and Concerns Related to Reading

_____

_____

_____

_____

WATI Student Information Guide
SECTION 7
Mathematics

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

Reading Math

Math related language and vocabulary
☐ Interpreting visual representation
☐ Switching from one representational
    format to another, as in complex
    numbers, fractions, charts and graphs

☐ Understanding math concepts like:
    ☐ Money
    ☐ Time
    ☐ Units of Measurement
☐ Math Facts
☐ Understanding percents/decimals

Organizing

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

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

Writing and Presentation

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

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

(Continued on next page)

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

☐

❏ Adapted manipulatives

❏ Adapted number, shape or fraction stamp

❏ Adapted time pieces

❏ Adapted measuring devices

❏ Mathline

❏ Adapted paper

❏ Enlarged paper

❏ Graph paper

❏ ☐Onscreen keyboards or calculators

❏ Virtual Manipulatives

❏ Voice recognition for math notation

❏ Alternate calculator

   ❏ Large print

   ☐Talking

   ❏ Graphing

❏ Smart chart

❏ Math graphic organizer

❏ Math specific writing, drawing software

❏ Digital Math toolbars for writing equations

❏ Math software to help visualize, script visual math concepts

3. Strategies Used

Please describe any strategies that been used to help.

_____

_____

_____

_____

Summary of Student's Abilities and Concerns Related to Math

_____

_____

_____

_____

_____

WATI Student Information Guide
SECTION 8
Organization

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

Self management
☐ Unable to self regulate behavior and attention
☐ Easily distracted

Time management
☐ Arrives late
☐ Misses deadlines
☐ Poor transitions between activities
☐ Struggles to settle down after transitions or when it is work time

Materials Management
☐ Messy work and storage areas
☐ Lost papers and projects
☐ Can't find work tools such as book, scissors or markers quickly

Information Management
☐ Breaking a large project into smaller steps
☐ Organizing notes or review items
☐ Completing multi-step tasks

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

Self:
   ☐ Fidgets
   ☐ Sitting on a therapy ball, bounce or sitz cushions
   ☐ Pressure or weighted vest
   ☐ Concentration CD's or Mp3's
Information:
   ☐ Folders
   ☐ Tabs/Post Its
   ☐ Highlighters
   ☐ Study guides
   ☐ Hand Held Recorders
   ☐ Digital Organizers
   ☐ Search tools/engines
   ☐ Bookmarking tools
   ☐ Graphic organizers
   ☐ Manipulatives/ Instructional Tutorials
   ☐ Animations

Materials:
   ☐ Folders/ Containers/ Bins/ Boxes
   ☐ Checklists
   ☐ Coding
   ☐ Filing
   ☐ Portable electronic Storage
   ☐ Computer based electronic storage
Time:
   ☐ Clock analog vs. digital
   ☐ Adapted clocks and watches
      ☐ Talking readout
      ☐ Large numbers
      ☐ Visual cue
      Timed reminder message
   Schedules
      ☐ Picture
      ☐ Worded
      ☐ Calendar-based
   ☐ Digital scheduler
   ☐ Digital reminder

3. Summary of Student's Abilities and Concerns Related to Organization

_____
_____
_____
_____
_____
_____

WATI Student Information Guide
SECTION 9
Recreation and Leisure

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

☐ Understanding cause and effect   ☐ Following complex directions

☐ Understanding turn taking   ☐ Communicating with others

☐ Handing/manipulating objects   ☐ Hearing others

☐ Throwing/catching objects   ☐ Seeing equipment or materials

☐ Understanding rules   ☐ Operating TV, VCR, etc.

☐ Waiting for his/her turn   ☐ Operating computer

☐ Following simple directions   ☐ 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.)

☐ Toys adapted with Velcro®, magnets, handles etc.

☐ Toys adapted for single switch operation

☐ Adaptive sporting equipment, such as lighted or beeping ball

☐ Universal cuff or strap to hold crayons, markers, etc.

☐ Modified utensils, e.g. rubber stamps, rollers, brushes

☐ Ergo Rest or other arm support

☐ Electronic aids to control/operate TV, VCR, CD player, etc.

☐ Software to complete art activities   ☐ Games on the computer

☐ Other computer software   ☐ Other _____

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

_____

_____

WATI Student Information Guide
SECTION 10
Vision

A vision specialist should be consulted to complete this section.

1. Date of Last Vision Report _____

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

_____

_____

2. Visual Abilities (Check all that apply.)

❏ Read standard textbook print

❏ Read text if enlarged to (indicate size in inches)_____

❏ Requires specialized lighting such as_____

❏ Requires materials tilted at a certain angle (indicate angle)_____

❏ Can read using optical aids; list:_____

❏ Currently uses the following screen enlargement device_____

❏ Currently uses the following screen enlargement software_____

❏ Recognizes letters enlarged to _____ pt. type on computer screen

❏ Recognizes letters enlarged to _____ pt. type for _____minutes without eye fatigue.

❏ Prefers   ❏ Black letters on white   ❏ White on black   ❏_____(color) on _____

❏ Tilts head when reading

❏ Uses only one eye: ❏ Right eye   ❏ Left eye

❏ Uses screen reader:_____

❏ Requires recorded material, text to speech, or Braille materials

3. Alternative Output

Currently uses (Check all that apply.)

❏ Slate and stylus

❏ Talking calculator

❏ Braille calculator

❏ Braille notetaker

❏ Electric Brailler

❏ 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

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

☐ Writes using space correctly   ☐ Writes on line

☐ Writes appropriate size   ☐ Reads own handwriting

☐ Reads someone else's writing   ☐ Reads hand printing

☐ Reads cursive   ☐ Skips letters when copying

☐ Requires bold or raised-line paper   ☐ Requires softer lead pencils

☐ Requires colored pencils, pens, or paper   ☐ Requires felt tip pen   ☐ Thin point   ☐ Thick point

Summary of Student's Abilities and Concerns Related to Vision_____

_____

_____

_____

_____

WATI Student Information Guide
SECTION 11
Hearing

A hearing specialist should be consulted to complete this section.

1. Audiological Information

Date of last audiological exam_____

Hearing loss identified

Right Ear	❏ Mild	❏ Moderate	❏ Severe	❏ Profound
Left Ear	❏ Mild	❏ Moderate	❏ Severe	❏ 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
❏ Body language	❏	❏	❏
❏ Tangible symbols	❏	❏	❏
❏ Gestures	❏	❏	❏
❏ Speech	❏	❏	❏
❏ Cued speech	❏	❏	❏
❏ Picture cues	❏	❏	❏
❏ Written messages	❏	❏	❏
❏ Signs and speech together	❏	❏	❏
❏ Signed English	❏	❏	❏
❏ Contact (Pidgin) sign language	❏	❏	❏
❏ American Sign Language (ASL)	❏	❏	❏

5. Level of Receptive Proficiency in Each Environment

	School	Home	Community
❏ Understands single words	❏	❏	❏
❏ Understands short phrases	❏	❏	❏
❏ Understands majority of communications	❏	❏	❏

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

❒ Speech ❒ American Sign Language ❒ Body language

❒ Signs and speech together ❒ Gestures ❒ Written messages

❒ Signed English ❒ Picture cues ❒ Contact (Pidgin) sign language

❒ Other_____

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_____❒ Note taker

❒ Educational interpreter using:_____❒ ASL ❒ Transliterating ❒ PSE ❒ Oral

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

❒ Hearing aids ❒ Cochlear implant ❒ Telecaption decoder

❒ Vibrotactile devices ❒ Classroom amplification system ❒ TTY/TDD

❒ FM system ❒ Other_____

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

❒ Cannot hear teacher/other students ❒ Cannot respond to emergency alarm

❒ Cannot participate in class discussions ❒ Cannot benefit from educational videos/programs

❒ Displays rec./exp. language delays ❒ Cannot use telephone to communicate

11. Current communication functioning (Check all that apply)

❒ Desires to communicate

❒ Initiates interaction

❒ Responds to communication requests

❒ Reads lips

❒ Appears frustrated with current communication functioning

❒ Requests clarification from communication partners ("Would you please repeat that?")

❒ Repairs communication breakdown (Keeps trying, changes message)

12. Current Reading Level_____

Summary of Hearing Abilities and Concerns_____

_____

_____

WATI Student Information Guide
Section 12
General

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

_____

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

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

_____

_____

_____

_____

Parent Worksheet

Assistive Technology Planning Process

Child's Name .... Grade .... Meeting Date.......................................

Case Manager .... Phone ....

Directions: Please answer the following questions regarding your child's potential need for assistive technology devices or services. As a parent and a member of the planning team, you have important information that can help in making the right decisions about what your child needs to be successful in school. If you have any questions about the *Parent Worksheet,* please contact the Case Manager indicated 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?

    ....

    ....

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

    ....

    ....

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

    ....

    ....

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

    ....

    ....

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

    ....

    ....

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

    ....

    ....

Adapted from L. Rees (1999), Intermediate District 287, Plymouth MN.

Assistive Technology Status Log

Assistive Technology Planning and Evaluation Process

Directions: Select instructional or access areas in the first column that are appropriate for the student. Leave blank the areas that are not relevant. Specify tasks (e.g. copying assignments from the board) in each area which are needed for this student. Indicate the manner in which the student completes these tasks in the appropriate column, specifying modifications, standard tool or AT tools. If the student is not able to complete the task with modifications, standard tools or AT tools, complete the last column.

Student Name .... Grade .... Date...

Instructional Area Check and only use relevant areas	Modifications	Standard classroom tools	Current AT tools	Additional Solutions Needed, including AT Services
Writing				
Spelling				
Reading				
Math				
Study Skills				
Oral communication				
Aids for Daily Living				
Transition				
Other				
Other				
Other				

WATI

Environmental Observation Guide

Student's name:_____

School:_____

Observer:_____

Date of Observation: _____

Type of class: _____

Directions: Complete this Environmental Assessment Checklist before beginning

Describe the environment: Record short responses in the space provided.

Special or general education classroom?	
Specialty classroom (Specify: e.g., P.E., computer lab)	
Therapy room? (Specify)	
Number of teachers in class?	
Number of aides in class?	
Number of volunteers in class?	
Number of students in the class?	
How many days per week is the program?	
How many hours/day?	
Is the atmosphere busy or quiet?	
Are there large open areas or small divided sections?	
How are the desks arranged?	
Is the furniture sized for students?	
Are materials accessible, appropriate, varied, interesting?	
Is special equipment available (i.e., chairs with arm supports)?	
Where is the classroom located in relationship to the cafeteria, therapy, outdoor play areas, etc.?	
Are bathrooms located in or outside the classroom?	

Sensory Stimulation: Judge the level of sensory stimulation and record it with a check in the corresponding box. Enter comments or notes that clarify your responses if needed.

	Excessive	Balanced	Reduced	N/A	Comments
Auditory					
Hallway					
Street					
Other classrooms					
Other students					
Instructional media					
Teacher aides/volunteers					
Other (specify):					

Sensory Stimulation: continued

	Excessive	Balanced	Reduced	Comments
Visual				
Color				
Clutter/busy				
Art/decorations				
Visual information				
Lighting				
Other (specify):				

Persons Present During Observation: For each person on the list, put a check in the appropriate column indicating their level of participation.

Persons	Participating	Observing	Not Present
Student			
Special Educator			
General Educator			
Peer Tutors (How many? _____)			
Instructional Assistant #1			
Instructional Assistant #2			
Instructional Assistant #3			
Personal Attendant			
Speech-Language Pathologist			
Occupational Therapist			
Physical Therapist			
School Psychologist			
Parent			
Volunteer			
Administrator			
AT Specialist			
Other (specify):			

Notes:

Access to Assistive Technology: Record the presence or absence of **EACH TYPE** of assistive technology by placing a check in the corresponding box. Record the AT found in the classroom as a whole, not just the AT used by the target student.

Types	Present-Not Used	Present-Used	Not Present
Communication cards/boards			
Digitally recorded communication devices			
Electronic communication devices			
AT for activities of daily living			
Adjustable seating (not a wheelchair)			
Positioning equipment			
Amplification			
Visual signaling devices			
Brailler/brailled materials			
Magnifiers			
Notetaking devices/keyboards			
Speech output devices/computers			
Handwriting aids			
Alternate/adapted keyboards			
Alternate/adapted mouse			
Computer switch interface			
Touch window			
Talking word processor			
Word prediction			
Text or screen reader			
Portable word processor			
Transfer aids - Hoists/lifts			
Mobility aids (not wheelchairs)			
Adapted environment (e.g., doors, fixtures, furniture)			
Electronic equipment for instruction (calculator, e-books)			
Adapted instructional materials			
Instructional software			
Computer stations			
Adapted art/craft materials			
Adapted sports/recreation equipment			
Adapted toys			
Wheelchair – Manual or Power			
Other (specify):			

WATI

WATI Classroom Observation Guide

Classroom(s) _____

Teacher _____

Student _____

Date _____ Time _____ Observer _____

(J. Gierach, 2009, Wisconsin Assistive Technology Initiative)

Task: Ex. Writing a report, working on SMART Board, aligning mat problems, researching topic in media center. **Directions:** Were they given: Visually Auditorally **Time:** For task completion	General students response: How does the rest of the class respond to the directions, how do they complete their work	Target Student Response: Do you notice any difference in how the target student handles the directions? How do they begin, maintain, and end the task? Was the time for the activity sufficient?	Barrier to task completion: What do you notice about the environment that might affect the target student's work? Ex. Manner that the directions were delivered, time to complete the task, different learning style.	Potential Adaptations: What pops into your head as a solution that you might bring to the brain storm session during the ASNAT meeting?	Questions: What information do you need? What questions do you have for the teacher/student/parent?
Task: **Directions:** **Time:**					
Task: **Directions:** **Time:**					
Task: **Directions:** **Time:**					

WATI

▲ **Environmental Observation Summary**

Activity/Task(s) observed:
Ways that typical students participated:
Ways the target student participated:
Barriers to target student's participation:

Adapted from:

Wirkus-Pallaske, M., Reed, P., & Stokes, S. (2000). *Wisconsin Assistive Technology Initiative*. Oshkosh, WI: Wisconsin Assistive Technology Initiative.

Center for Instructional Development and Research. (1998). Classroom observation. *CIDR Teaching and Learning Bulletin, 1*(4), Available online: http://depts.washington.edu/ObsTools.htm

Pearson, L. (no date). *Apraxia guide: Classroom observation checklist.* Available online: http://hometown.aol.com/lynetteprs/myhomepage/profile.html

The SETT Framework

Part 2: Consideration of Tool System

System requirements	Required	Helpful	Services or tools to consider (no tech/low tech/ high tech)	Tool availability			Services required for effective use			
				S	P	A	Student	Staff	Family	Other

Availability key-
S = Tools / devices systematically available to all students served
P = Tools / devices programmatically available through special education or other program for which student qualified
A = Additional tools / devices which may be required to address identified needs.
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REINFORCEMENT PREFERENCE SURVEY

STUDENT'S NAME: _____ DOB: _____ AGE: _____

DIRECTIONS: The purpose of completing this form is to supply information related to the child's individual reinforcement preferences. The information supplied should be based upon your observation of the child and his/her reaction to the reinforcers listed. Listed below are numerous categories related to different types of reinforcers. Rate each of the areas listed and be as specific as possible in your response. Place an X next to the response that best describes the student's reaction to the reinforcer. If you are UNSURE of the student's response to the item, leave the item BLANK.

	LIKES VERY MUCH	LIKES	DISLIKES
A. Edible Items			
1. Candy			
a. Likes all kinds of candy and snacks			
b. _____			
c. _____			
2. Breakfast Cereals			
a. _____			
b. _____			
3. Chips			
a. _____			
b. _____			
4. Cookies			
a. _____			
b. _____			
5. Fruit			
a. _____			
b. _____			
6. Ice Cream			
a. _____			
b. _____			
7. Liquid Items			
a. Coffee			
b. Tea			

	LIKES VERY MUCH	LIKES	DISLIKES

      c.   Milk

      d.   Water

      e.   Juice

      f.   Soft Drink

      g.   Other: _____

8. Peanuts

9. Pretzels

10. Crackers

11. Raisins

12. Other chewy: _____

13. Other: _____

    _____

B. Audio-Visual Items

   1. Listening to the radio

      a.   Station: _____

   2. Listening to recorded music

      a.   Type of music: _____

      b.   Favorite album/songs: _____

    _____

   3. Singing songs

   4. Playing a musical instrument

   5. Looking at a book/magazine

   6. Looking at pictures

   7. Having a book read to them

   8. Reading a book to someone

   9. Watching television

      a.   Favorite channel:

      b.   Favorite show:

10. Watching video television

      a.   Music television

      b.   Sesame Street

      c.   Other:

	LIKES VERY MUCH	LIKES	DISLIKES

C. Social Reinforcers

1. Talking to/with Staff

2. Talking to/with Peers

3. Watching other People

4. Being left Alone

5. Taking a Walk

6. Running Errands

7. Helping Staff

8. Helping Peers

9. Playing Sports

    a.   Favorite sport: _____

10. Playing cards

11. Playing games

    a. _____

    b. _____

12. Playing with toys

    a. _____

    b. _____

    c. _____

    d. _____

13. Dancing

14. Shopping

15. Other

    a. _____

    b. _____

D. Tactile/Tangible Reinforcers

1. Touching different textures

    a. _____

    b. _____

2. Playing in water

3. Playing with playdough

	LIKES VERY MUCH	LIKES	DISLIKES

4. Playing in sand

5. Playing with clay

6. Coloring

    a.   With crayons

    b.   With markers

7. Painting

    a.   With finger paints

    b.   With brushes

8. Using the computer

    a.   _____

    b.   _____

9. Other:

    a.   _____

    b.   _____

E. Self Stimulatory Behaviors

1. Body Rocking

2. Hand/Finger Stim

    a.   _____

    b.   _____

3. Visual Stim

    a.   _____

    b.   _____

4. Auditory Stim

    a.   _____

    b.   _____

5. Tactile Stim

    a.   _____

    b.   _____

6. Other

    a.   _____

    b.   _____

	LIKES VERY MUCH	LIKES	DISLIKES

F. Activities/Privileges at Home***

   1. Going places

      a. _____

      b. _____

   2. At home activities

      a.   Cooking/baking

      b.   Decorating

      c.   Sewing

      d.   Other: _____

      e.   Other: _____

   3. Hobbies

      a. _____

      b. _____

      c. _____

   4. Talking on the telephone

***This category to be completed by parents only!**

Additional Comments:

Assistive Technology Group Planning Template
Assistive Technology Planning and Evaluation Process

Department
of Education

Directions: Each of the topics below should be place on a flip chart or overhead device. Use this template only as a guide for the planning process and for summarizing the information from the *Student, Family, Environments, and Task Worksheet* completed by team members. The resulting information from this template will be transferred to the *Planning and Implementation Summary* form.

Student	Environment	Tasks
Strengths/Abilities/Motivators/"Success Stories": *Needs:* *Successful Strategies:*	What is currently available? What is the physical arrangement? How is the student positioned in the environment? Are there any supports? Are there any barriers?	What does the student need to do? What are naturally occurring activities? Are tasks to be modified?

Options	Prioritized Selections	Implementation Plan
What features of a device or strategy can provide greater participation? Are there strategies to promote this? Note—this is a brainstorming session only. At the conclusion of this session, select and highlight the top 3 options.	Discuss and prioritize the top 3 ideas from the brainstorming session. Decide if outside assistance is needed for product identification or other areas.	*Trial:* What product will be used and for how long? Who is responsible? What criteria will be used to assess the device or strategy? Where will the device be obtained? If assistance from outside consultant is sought, have all of the necessary release forms been signed? *Follow-up:* Who and When? Set a date for the follow-up activity.

Adapted from Lynch and Reed (1997), Wisconsin Assistive Technology Initiative, Incorporation from the SETT Framework, (Zabala 1994)

Assistive Technology Checklist
Assistive Technology Planning and Evaluation Process

Please use this list for planning and ideas only. **This list is not prescriptive** nor is it inclusive of the full spectrum of AT devices.

Student Name .... Grade .... Date ....

Writing

_____ Mechanics of Writing

____ Pencil /pen with adapted grip

____ Adapted paper (e.g. raised lines, highlighted lines)

____ Slantboard

____ Typewriter

____ Portable word processor

____ Computer

____ Other: ....

_____ Alternate Computer Access

____ Keyboard with easy access or accessibility options

____ Word prediction, word completion, macros, abbreviation expansion to reduce keystrokes

____ Keyguard

____ Alternate mouse (e.g. TouchWindow, trackball, trackpad, mouse pen)

____ Mouse alternative with on screen keyboard

____ Alternate keyboard (e.g. Intellikeys, Discover Board, Tash)

____ Mouth stick, head pointer with keyboard

____ Switch with Morse code

____ Switch with scanning

____ Voice recognition

____ Other: ....

_____ Composing Written Material

____ Word cards, word book, word wall

____ Pocket dictionary, thesaurus

____ Electronic dictionary/ spell check (e.g. Franklin Bookman)

____ Word processor with word prediction (e.g.Co:Writer or TextHelp) to facilitate spelling and sentence construction

____ Multimedia software for production of ideas (e.g. PowerPoint, Overlay Maker with talking word processor)

____ Voice recognition software

____ Other: ....

_____ Communication

____ Communication book / board

____ Eye gaze board

____ Simple voice output product (e.g. Big Mack, CheapTalk, talking picture frame, etc.)

____ Voice output device with levels (e.g.Macaw, CheapTalk with Levels, Digivox)

____ Voice output with icon sequencing (e.g. AlphaTalker, Vanguard, Liberator)

____ Voice output with dynamic display (e.g. Dynavox, laptop with Speaking Dynamically)

____ Device with speech output for typing (e.g. Link, Write:Out Loud with laptop)

____ Other: ....

Reading/Studying/Math

_____ Reading

____ Changes in text size/space/color/background color

____ Book adapted for page turning (e.g. with page fluffers, 3 ring binder and folders)

____ Use of pictures with text (e.g. Picture It, PixWriter)

____ Talking electronic devices for single words (e.g. Reading pen, Franklin Bookman)

____ Scanner with OCR and talking word processor

____ Electronic Books (e.g. Start to Finish)

____ Other: ....

_____ Learning /Studying

____ Print or picture schedule

____ Low tech aids to find materials (e.g. color tabs, colored paper or folders)

____ Highlight text (e.g. markers, highlight tape, ruler)

____ Voice output reminders for tasks, assignments, steps to tasks

____ Software for manipulation of objects/concept development (e.g. Blocks in Motion, Thinking Things)- may use alternate input device such as Touch Window

____ Software for organization of ideas and studying (e.g. PowerPoint, Inspiration, ClarisWorks Outline)

____ Other: ....

Adapted from P. Reed and P. Walser (2000), Wisconsin Assistive Technology Initiative

____ **Math**
____ Abacus, Math Line

____ Calculator/calculator with print out

____ Talking calculator

____ Calculator with large keys, large display

____ On screen calculator

____ Software with cueing for math computations

____ Tactile/voice output measuring devices (e.g. clock, ruler)

____ Other: ....

Aids for Daily Living

Eating
____ Adapted utensil/ plates

____ Arm support

____ Automated feeding

____ Other: ....

Dressing
____ Velcro fasteners

____ Button hook

____ Dressing aids

____ Other: ....

Aids for Daily Living (Continued)

Recreation & Leisure
____ Adapted toys and games (e.g. puzzles with handles)

____ Battery interrupters and switches

____ Adapted sporting equipment (e.g. Velcro mitt, lighted or beeper ball)

____ Universal cuff to hold crayons, markers, paint brush

____ Modified utensils (e.g. rollers, stampers, scissors)

____ Articulated forearm support (e.g. ErgoRest)

____ Drawing/graphics computer programs

____ Music or games on the computer

____ Other: ....

Home Living
____ Switch

____ Battery interrupter

____ Control unit

____ infrared sender / receiver

____ X-10 unit and peripherals

____ Other: ....

Transition

Work / School to Work
____ Scheduling aids (calendars, reminders, task analysis)

____ Switch / device

____ Adapted keyboard

____ Communication aid

____ Keyboard emulator

____ Other: ....

Transportation
____ Get in and out of car as a passenger

____ Transfer into vehicle and load mobility device

____ Get into vehicle with ramp or lift

____ Independently arrange transportation

____ Independently utilize public transportation

____ Independently drive self with adaptations

____ Independently drive self

____ Other ....

Tolerance
____ Physically tolerate school/work day

____ Emotionally tolerate full school/work day

____ Medically tolerate full work / school day

____ Environmentally tolerate full work/school day

____ Tolerate with distance adaptations (internet, ITV)

____ Other:

Adaptations
____ Adaptive seating/ positioning

____ Electronic communication

____ Electronic organizers

____ Adapted computer input

____ Environmental control

____ Other: ....

The SETT Framework
Collaborative Consideration of Assistive Technology Devices and Services

Department of Education

Part 1: Consideration of Student Need

Student:_____   Date: _____

Perspective:_____

PART 1: Examining Current Conditions to Consider Educational Need

Student	Environments	Tasks

Circle areas which may present barriers to students progress.

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Please provide feedback on effectiveness and suggestions for modifications/revisions by email to zabala@technologist.com

BENTON-STEARNS Education District 6383

Duane Borgeson, Education District Director   Marlene Grindland, Assistant Director

ASSISTIVE TECHNOLOGY IMPLEMENTATION PLAN

Student Information

Student Name	Grade	Date
District	School	Plan Review Date

Point of Contact (Who will keep implementation plan updated)

Name	Email	Phone
AT Consultant (when necessary)	Email	Phone

Implementation Team

Name (list ALL who will implement AT with student)	Role (parent, teacher, specialist, para, etc)

Equipment

Equipment &/or Software	Status (owned by school, borrowed, family owned)

Equipment Tasks

Task (order AT, load software, adapt/customize, set up, maintain, repair)	Person Responsible	Date Due

Training

Training Need	Trainees	Trainers	Dates & Times	Follow up Plan

Implementation

IEP Goal	Curriculum/Domain	Person Responsible	AT Needed to Accomplish Goal

Monitoring/Evaluation

Goal	Instructional Strategy (How to teach student to use equipment and/or how to achieve goals)	Recording System & Frequency (task analysis, tally sheet, etc)	Person(s) Responsible for Data Collection