SWITCH EVALUATION

Student Name: _____ OSIS #: _____

Examiner / Title: _____ Date: _____/_____/_____

Please answer the following questions based on 5 trials.

QUESTIONS	BODY PARTS							
	HAND	*ARM*	*LEG*	*FOOT*	*HEAD*	*CHIN*	*FACE*	*OTHER*
Specific body parts activating switch								
Type of switch:								
Location of switch								
Movement used to activate								
Turns switch on								
Turns switch off								
Turns switch on upon request								
Turn switch off upon request								
Can activate switch without looking for it								
Can activate switch for specific number of times and stop (Manual Scan)								
Turns switch on when presented with a prompt (Automatic Scan)								
Holds switch on for long and short periods (Morse Code)								
Does the student like the movement?								
Does the student like the switch?								
Is there minimal fatigue/tiring?								
Does the switch interfere with function?								
Are the same results obtained at a later date?								

Use this form ONLY for school-based assessments.