

Assistive Technology Equipment Assessment

District 75
400 First Avenue
New York, NY 10010

Assistive Technology Equipment Assessment

Evaluation Information

Teacher

Student _____ D/O/B _____
Teacher's Name _____ Date _____

Directions: Please complete the information on the student named above. Check all that apply and describe.

I. General Information

A. Classroom Description:

- 1. Number of students _____
- 2. Support Personnel: Classroom paraprofessional _____
One to one paraprofessional _____
- 3. Number of students who use a communication system? _____
Please specify type of communication system and the number of students using that type of device.
 - a. manual board _____
 - b. light talker _____
 - c. computer _____
 - d. other _____

B. Vision:

- 1. Date and results of most recent visual exam:

C. Hearing:

- 1. Date and results of most recent hearing exam:

- 2. Describe the student's auditory attending skills

3. List medications that are being taken:

E. Does the student have seizures/convulsions? Yes _____ No _____

D. Is the student a self feeder? Yes _____ No _____
How long does it take him/her to eat?

F. Does the student have opportunity to make choices during mealtime?
Yes _____ No _____ If yes, please give examples:

E. Is the student involved in any behavior modification program?
Yes _____ No _____ If yes, please describe

II. Motor Functioning

Check appropriate answer.

A. Locomotion:

1. Ambulation:

- a. independent walker _____
- b. walks with assistance of another person _____
- c. walks with assistive device (crutches, walker, braces) _____

2. Wheelchair function:

- a. sits independently in wheelchair _____
- b. sits in wheelchair with specialized support _____
- c. uses wheelchair independently (mobility) _____

3. Uses other classroom furniture. _____
Describe

B. Upper Extremity Use:

- 1. a. Uses both hands _____ b. Uses right hand _____
- c. Uses left hand _____ d. Other: _____

2. Can use the following to write with or scribble (check all that apply):
a. pencil _____ b. crayon _____ c. marker _____
d. typewriter _____ e. pointer _____ f. other: _____

III. Cognitive Functioning

A. Object Understanding:

- _____ aware of object not visibly present
_____ aware of location (e.g., food in refrigerator)
_____ aware of possession (own or family member)
_____ functional object use
_____ uses objects to pretend
_____ has sense of cause and effect

B. Readiness Skills:

1. Identifies objects: Yes ____ No ____ How: _____
Examples

2. Identifies: Photos ____ Pictures ____ Line Drawings ____
How:

C. Academic Skills:

1. Identifies numerals: Yes ____ No ____ How: _____

2. Has sight word recognition: Yes ____ No ____ How many words: ____

3. Spelling level ____ Spelling level determined by:

4. Reading level ____ Reading level determined by:

5. Instructional reading method:
Phonetic ____ Sight Word ____ Other ____

- 4. Handwriting:
Manuscript ____ Cursive ____
- 5. Typing:
with guard ____ without guard ____ electric typewriter ____

IV. Desire to Communicate

- A. What does the student usually do when his/her message is not understood?
____ nothing (quits trying)
____ repeats message
____ expands or changes message
____ other: Describe _____
- B. Does the student initiate communication / interaction?
always ____ frequently ____ occasionally ____ seldom ____ never ____
- C. Does the student respond to communication / interaction?
always ____ frequently ____ occasionally ____ seldom ____ never ____

V. Communication

- A. Does the student understand most of what is said to him/her?
Yes ____ No ____ What kind of response indicates that he/she understands?
Give examples _____

- B. Present means of communication:
intelligible speech ____ semi-intelligible speech ____ vocalizations ____
sign language ____ communication board ____ electronic device ____
reliable yes/no ____ facial expressions ____
other (please specify): _____
- C. Describe any body movements that accompany or are initiated by attempts to communicate

- D. Where does the student initiate communication?
at play ____ on school bus ____ in academic setting ____
at home ____ in lunchroom ____
other (please describe): _____
- E. What does the student like to communicate about?
family ____ friends ____ sports ____ music ____ TV ____
other (describe): _____

F. Who does the student communicate with?
peers ____ adults ____ familiar persons ____
unfamiliar people' ____ other: _____

G. How successful is his/her communication in the classroom?
____ not at all
____ few words understood only by familiar persons
____ can make most wants/needs known (e.g. play, TV, etc.)

H. Have any communication techniques been tried? Give results:

Comments:

VI. Curriculum

A. Describe the curriculum presently being used with this student.

B. How much time does the student spend in small groups, large groups, or one to one?

C. Is a computer available for the student's use? Yes ____ No ____
Is the student using a computer? Yes ____ No ____
Where and what kind? _____
How is it accessed? _____

B. If the student had a more appropriate communication system, would there be opportunities for him/her to communicate?
1. with peers Yes ____ No ____
2. with unfamiliar adults Yes ____ No ____
3. with familiar adults Yes ____ No ____
4. without an adult present Yes ____ No ____

VII. Student Profile

A. What do you feel are the student's major assets?

B. What do you perceive as the students major problems?

C. Do you see a major discrepancy between what the student understands and what he/she can express to others? Please specify.

D. What do you expect assistive technology will enable the student to do that he/she cannot currently do?

Please feel free to attach any other information that you feel would help in the evaluation process.