

**Technology Solutions
District 75
400 First Avenue
New York, NY 10010**

Assistive Technology Equipment Assessment

Evaluation Information

Speech and Language Therapy

Student _____ Date of Birth _____

Class/Program _____

Examiner _____ Date of Evaluation _____

Instructions: Please complete the Speech/Language Therapy information on the student named above. Check all that apply to the student and describe.

I. Means of Communication/Interaction

_____ a. Gestures _____

_____ b. Facial Expressions _____

_____ c. Vocalizations _____

_____ d. Verbalizations (somewhat intelligible speech) _____

_____ e. Intelligible Speech _____

_____ f. Verbal Yes/No Response _____

_____ g. Non-Verbal Yes/No Response _____

_____ h. Sign Language _____

_____ i. Manual Communication Board (see appendix A): _____

_____ j. Electronic Communication Device (see appendix A): _____

_____ k. Describe student's preferred system(s) of communication/interaction:

II. Present Communication Skills

- ___ a. No interest in communicating _____
- ___ b. Resists communicating _____
- ___ c. Calls attention to self _____
- ___ d. Becomes frustrated _____
- ___ e. Responds but does not initiate communication _____
- ___ f. Initiates interaction/communication with others _____
- ___ g. Indicates basic wants/needs (toilet, drink) _____
- ___ h. Indicates feelings (happy, frustrated, fear) _____
- ___ i. Indicates physical state (tired, uncomfortable) _____
- ___ j. Indicates preference when given choice _____
- ___ k. Requests objects and events that are present _____
- ___ l. Requests objects and events that are not present _____
- ___ m. Requests information _____
- ___ n. Indicates rejection _____
- ___ o. Talks about events that have occurred _____
- ___ p. Talks about upcoming or future events _____
- ___ q. Engages in social conversation (hi, how are you?, thank you) _____
- ___ r. Repairs miscommunications (will you repeat that? it's not on my board)

III. Auditory Functioning

A. Hearing tests given:

Date: _____ Type _____

Results and Follow-up _____

Does student receive hearing services? _____ If yes, please consult H.E.S. provider and describe student's hearing ability below.

B. Check ALL that apply:

	<i>Always</i>	<i>Frequently</i>	<i>Occasionally</i>	<i>Seldom</i>	<i>Never</i>
<i>Hears well</i>					
<i>Wears hearing aid</i>					

Type of hearing aid

C. Auditory Sensitivity and Attention (Check ALL that apply):

<i>Loud noises</i>	Tolerates sudden introduction ____	Reflexively reacts to sudden noises ____	Can tolerate if gradually introduced ____
<i>In quiet environment</i>	Listens to stories ____	Listens to music ____	Follows one step directions ____

IV. Auditory Memory and Discrimination (Check ALL appropriate answers):

Responds to commands 1-step ____ 2-step ____ 3-step ____

YES NO

Recognizes familiar environmental sounds		
Recognizes familiar voices		
Discriminates similar sounding words (sock/rock)		
Discriminates synthetic speech output		

V. Visual Functioning

A. Date of most recent visual exam and results (attach report if available).

B. Does student receive vision services? ____ If yes, please consult VES provider

C.

	<i>Always</i>	<i>Frequently</i>	<i>Occasionally</i>	<i>Seldom</i>	<i>Never</i>
<i>Wears glasses</i>					

D. Can the student voluntarily move his/her eyes without moving his/her head?
Yes _____ No _____

E. Describe the student's visual attending behaviors:

F. Can student scan? Vertically _____ Horizontally _____

VI. Cognitive Functioning

A. Formal Testing

1. Name of Test _____

2. Date of Test _____

3. Results

4. List any adaptations made to test

B. Attach other test results, if applicable

C. Informal testing/observation

VIII. 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?

Appendix A

Student's Name _____

Date of Evaluation _____

Current Augmentative Communication System

Directions: Please describe as fully as possible, the augmentative communication system currently in use.

I. Symbol Sets/Systems Used

A. Objects _____

B. Symbols _____

- | | |
|--------------------------------|---------------------------------|
| 1. Photographs _____ | 5. Written words _____ |
| 2. Pictures _____ | 6. Combination _____ |
| 3. Mayer Johnson symbols _____ | 7. Other, please describe _____ |
| 4. Blissymbolics _____ | _____ |

II. Describe Display Set-up (attach photograph or sketch if possible - include mode e.g., direct select, coded pitch, etc.)

III. Size and Spacing of Symbols

IV. Vocabulary Content

Please give number of words and list words in each category.

A. People _____

B. Common Nouns _____

C. Verbs _____

D. Adjectives _____

E. Prepositions _____

F. Temporal _____

G. Social Amenities _____

H. Questions _____

I. Phrases _____

J. Alphabet _____

K. Numbers _____

L. Other _____

V. Number of Words in Average Message (please check)

<i>1</i>	<i>2 – 3</i>	<i>4 – 5</i>	<i>More</i>

VI. Electronic Device Information

A. Communication device currently used

B. Length of time used

C. Any special repairs or adaptations

D. Mounting/Placement

E. Number of Communication phrases pre-programmed (attach list if possible)

VII. Accessing

A. Method of Accessing

<i>Direct selection</i>	<i>Scanning</i>

B. Techniques to access display

	<i>Switch</i>	<i>Pointer</i>
Type		
Head		
Finger		
Other		

C. Accuracy of accessing (please describe):
