

*Jefferson Parish Public School
System*

**Assistive Technology
Guide for Teachers**



revised

February 2019

INTRODUCTION

In accordance with IDEA, school systems must give “consideration for every student with a disability who is eligible for an individualized education program as to whether the student requires assistive technology devices and/or services to receive an appropriate education.” This resource guide was developed to provide teachers with a method for determining a student’s need in the area of assistive technology.

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SECTION 1

ASSISTIVE TECHNOLOGY: Definitions, Federal, & State Laws

DEFINITIONS

The Individuals with Disabilities Education Improvement Act of 2004 (IDEA) mandates that school systems address assistive technology when it is required as part of a student's special education services, related services, or supplementary aids and services. IDEA defines assistive technology as both a device and service.

*The term **assistive technology** device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a child with a disability (P.L. 108-446, Part A, Section 602 (1)(A)).*

The term does not include a medical device that is surgically implanted, or the replacement of such device (P.L. 108-446, Part A, Section 602 (1)(B)).

This broad definition includes a wide variety of items that might be considered as assistive technology devices. To make it easier for educators to identify tools and resources that a student may need, assistive technology is typically categorized into the following areas of need: physical, fine/gross motor, communication, sensory, academic, recreation/leisure, vocational, and self-help. Examples of items that may be used as assistive technology are included in the Assistive Technology Consideration Resource Guide provided in Section 3.

IDEA identifies the services that are included under assistive technology as part of the definition.

*The term **assistive technology** service means any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. The term includes-*

- evaluation of needs, including a functional evaluation, in the child's customary environment*
- purchasing, leasing or otherwise providing for the acquisition of assistive technology devices*
- selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing of assistive technology devices*

FEDERAL

The IDEA mandate for assistive technology referenced in §300.308 of the current Federal Register is the foundation for the provision of assistive technology in special education programs. The federal regulations have been revised since the passage of IDEA 2004. The federal regulations subsection for assistive technology is §300.105(a) and is listed below. The language for this subsection is consistent with the former regulations.

Each public agency must ensure that assistive technology devices or assistive technology services, or both, as those terms are defined in §§ 300.5 and 300.6, respectively, are made available to a child with a disability if required as a part of the child's—

- (i) Special education under § 300.36;*

- (ii) *Related services under § 300.34; or*
- (iii) *Supplementary aids and services under §§ 300.38 and 300.114(a)(2)(ii).*

On a case-by-case basis, the use of school-purchased assistive technology devices in a child's home or in other settings is required if the child's IEP Team determines that the child needs access to those devices in order to receive FAPE (Authority: 20 USC 1412(a)(12)(B)(I)).

IDEA specifically addressed the requirement for the provision of assistive technology in the consideration of special factors.

The IEP Team shall-

...In the case of a child who is blind or visually impaired, provide for instruction in braille ...unless the IEP team determines that it is not appropriate for the child (20 U.S.C § 1414 (d)(3)(B)(iii)).

...Consider the communication needs of the child, and in the case of a child who is deaf or hard of hearing, consider the child's language and communication needs... (20 U.S.C § 1414 (d)(3)(B)(iv)).

...Consider whether the child requires assistive technology devices and services (20 U.S.C § 1414 (d)(3)(B)(v)).

IDEA requires that if assistive technology is required for the student to participate in district-wide or statewide testing, the need for technology must be documented in the IEP (Authority: 20 U.S.C. 1414 (d)(a)). Refer to the *Louisiana Statewide Assessments, Accommodations and Assistive Technology* handbook located on the Louisiana Department of Education website.

STATE

This section outlines Louisiana regulations regarding assistive technology for students with disabilities from *Title 28 Part XLIII, Bulletin 1706, Subpart A - Regulations for Students with Disabilities* (hereafter referred to as *Bulletin 1706*), the *Louisiana Pupil Appraisal Handbook, Bulletin 1508* (hereafter referred to as *Bulletin 1508*) and the *Louisiana IEP Handbook, Bulletin 1530* (hereafter referred to as *Bulletin 1530*).

Bulletin 1706

Bulletin 1706 addresses the IDEA mandates for consideration of special factors in sections 444 (b) and (c) titled "IEP Content and Format":

- B. The IEP team shall also consider the following special factors and include, if needed, a statement addressing these issues on the IEP*
 - 1) in the case of a student whose behaviors impede his or her learning or that of others, if appropriate, strategies including positive behavioral intervention strategies and supports to address that behavior*
 - 2) in the case of a student with limited English proficiency, the language needs of the student as those needs relate to the student's IEP*

- 3) *in the case of a student who is blind or visually impaired, instruction in Braille and the use of Braille unless the IEP team determines – after an evaluation of the student's reading and writing skills, needs and appropriate reading and writing media (including an evaluation of the student's future needs for instruction in Braille or the use of Braille) – that instruction in Braille or the use of Braille is not appropriate for the student*
 - 4) *the communication needs of the student; and in the case of a student who is deaf or hard-of-hearing, not only the student's language and communication needs, but also the opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode; the LEA shall ensure that hearing aids worn in school by student with hearing impairments, including deafness, are functioning properly*
 - 5) *whether the student requires assistive technology devices and services based on assessment/evaluation results; if it is determined that the student requires assistive technology devices or assistive technology services, or both, they shall be made available to the student with a disability as a part of the student's special education services, as a related service, or as supplementary aids and services; on a case-by-case basis, the use of school-purchased assistive technology devices in a student's home or in other settings is required if the student's IEP team determines that the student needs access to those devices in order to receive a FAPE*
 - 6) *in the case of a student who has health problems, needs to be met during the school day; such medical conditions as asthma; diabetes; seizures; or other diseases/disorders that may require lifting and positioning, diapering, assistance with meals, special diets, or other health needs*
- C. *If in considering the special factors described in B.1-6. above, the IEP team determines that a student needs a particular device or service (including an intervention, accommodation, or other program modification) in order for the student to receive a FAPE, the IEP team shall include a statement to that effect in the student's IEP.*

Bulletin 1706 also addresses assistive technology in section 464 titled "Program Accessibility":

- A. *Program accessibility shall be ensured within existing facilities and accomplished through one of the following*
 - 1) *alteration of existing facilities; or*

- 2) *nonstructural changes; redesign of equipment; procurement of accessible educational technology; utilization of assistive technology; reassignment of classes or other services to accessible buildings; ...*

Bulletin 1508

Bulletin 1508 outlines specific guidelines for screening and evaluation to ensure the identification of students who require assistive technology. It requires that Pupil Appraisal conduct an assistive technology screening as part of the pre-referral and screening activities listed in the following areas of section 107:

Assistive Technology screening is accomplished through an observation of the student's skills and educational environment. An assistive technology assessment may be needed if the screening results indicate the student has difficulty in any of the following areas:

- a. *Verbal communication*
- b. *Written communication*
- c. *Access to the curriculum*
- d. *Working independently to complete educational activities*

Bulletin 1530

Bulletin 1530 addresses consideration of assistive technology by IEP teams in the following statement:

Consideration shall be given for every student with a disability who is eligible for an individualized education program as to whether the student requires assistive technology devices and/or services to receive a free and appropriate education. This decision may be accomplished at any time during the initial evaluation by the evaluation team, or later by the IEP team when the IEP is developed, and then again when the IEP is reviewed and/or revised. It would be of maximum benefit to the student if the need is determined during the course of the initial evaluation and an assistive technology assessment is conducted in accordance with evaluation procedures, but ultimately it is the IEP team that must identify the student's need for assistive technology (p. 126).

In the following statement, *Bulletin 1530* describes the importance of documenting assistive technology in the IEP:

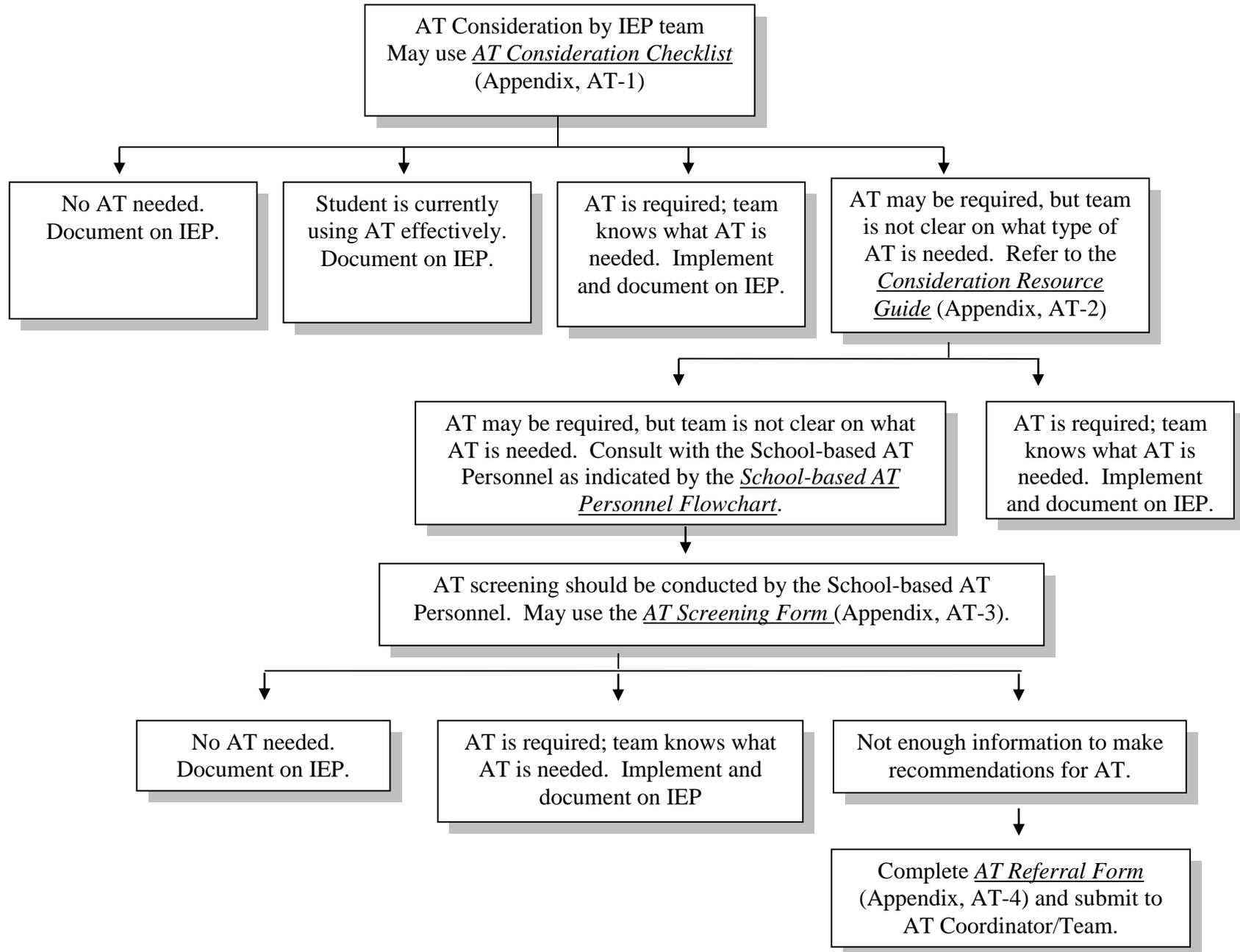
A major problem in the ongoing assessment and planning of assistive technology for a student can be the loss of information from one year to the next, from one professional to the next, or from one school to the next. Therefore, the IEP becomes the central document for communicating about the student's past history, current need and future need for assistive technology (p. 126).

- *coordinating with other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;*
- *training or technical assistance for a child with disabilities, or where appropriate that child's family; and*
- *training or technical assistance for professionals (including individuals providing education and rehabilitation services), employers or others(s) who provide services to employ, or are otherwise, substantially involved in the major life functions of children with disabilities (P.L. 108-446, Part A, Section 602 (2)).*

SECTION 2

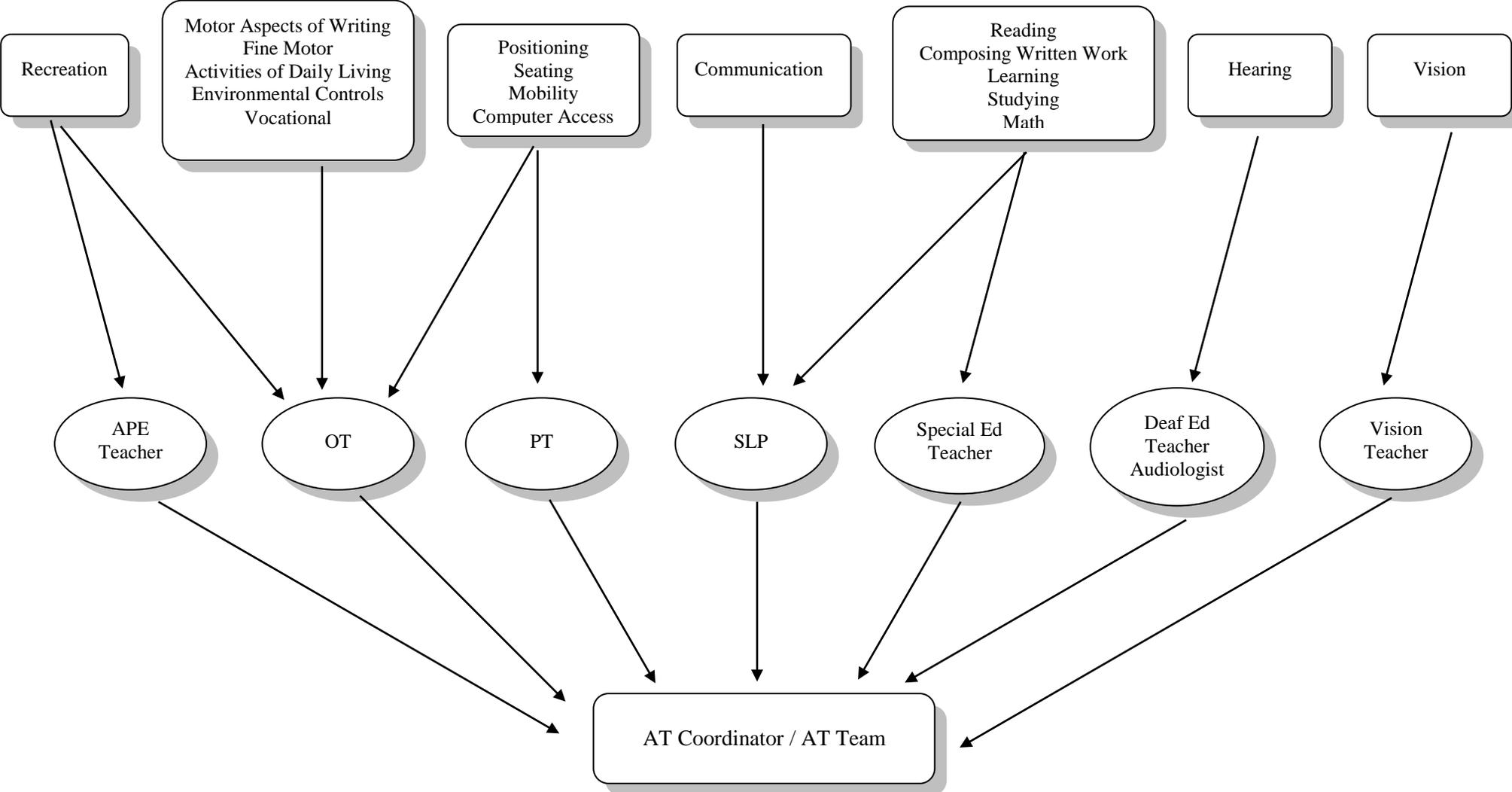
ASSISTIVE TECHNOLOGY: Consideration, Screening, Referral, & IEP Documentation

Jefferson Parish Public School System Assistive Technology Flowchart



**Jefferson Parish Public School System
School-Based AT Personnel Flowchart**

Identify the area of difficulty/concern and consult the appropriate personnel for AT screening and/or recommendations.



CONSIDERATION

“Consideration” is a relatively short process in which the IEP discusses whether assistive technology is required, may be required, or that more information is needed in order to make a decision and should not be confused with an “AT assessment”.

For students eligible for an IEP, consideration of assistive technology must occur when the IEP is developed, reviewed and/or revised. Documentation of consideration must be stated in the “General Student Information (GSI)” section of the IEP whether the student needs AT or not.

An *AT Consideration Checklist* (Appendix, AT-1) was developed by the Louisiana State Department of Education to guide IEP teams through the process of consideration. The Consideration Checklist provides a framework to lead discussion and a format for documenting decisions made by the IEP team. It is designed to facilitate a brief discussion about the assistive technology needs of a student.

There are four possible decisions that can be reached using the AT Consideration Checklist:

- 1) No AT is needed. The student is making adequate progress through other interventions. Document on IEP: “AT has been considered and is not needed at this time.”
- 2) Student is currently using AT effectively. Document use of AT on the IEP.
- 3) AT is required; the IEP team knows what AT is needed and will implement. Document use of AT on the IEP.
- 4) AT may be required. The IEP team will refer to the *AT Consideration Resource Guide* (Appendix, AT-2). There are two possible outcomes:
 - AT is required; the IEP team knows what AT is needed and will implement. Document use of AT on the IEP.
 - AT may be required, but the team is not clear on what type of AT is needed. Additional screening is warranted to determine appropriate AT. An AT screening will be conducted to provide additional information. The screening can be conducted by a member of the student’s educational team or by personnel who are familiar with AT as indicated by the *School-Based AT Personnel Flow-Chart* depending on the area(s) of difficulty/concern.

SCREENING

An AT screening is a tool used to determine whether a student may benefit from assistive technology or whether further assessment is required. The screening may be conducted as part of the IEP process, evaluation process, or through a request from a parent or member of the student’s educational team. An AT screening is conducted at the school site level by a member of the student’s educational team or by personnel familiar with AT. The

School-Based AT Personnel Flowchart can help determine which team member(s) may conduct the screening depending on the area of difficulty/concern. That team member can use the *TPSD Assistive Technology Screening Form* (Appendix, AT-3) to conduct the screening. **Identify the area(s) of concern and answer all questions under the area(s) of concern only.**

There are three possible decisions that can be reached using the *TPSD Assistive Technology Screening Form*:

1. No AT is needed at this time. Document this on the IEP.
2. AT is required; the IEP team knows what AT is needed and will implement. Document use of AT on the IEP.
3. AT may be required, but team is not clear on what type of AT is needed. A referral should be made for further assessment.

If #3 is checked, complete the *AT Referral Form* (Appendix, AT-4).

Send the following to the Assistive Technology Coordinator (Deanna Smith) at the Special Education Office

- *AT Consideration checklist* (AT-1)
- *AT Screening Form* (AT-3)
- Handwriting samples (if applicable) and/or additional information
- *AT Referral Form* (AT-4)

REPORTING SCREENING RESULTS

Depending on when a screening is conducted, results must be documented and reported by one of the following:

- For screenings that occur during the initial evaluation and/or re-evaluation, information regarding the screening results (AT not needed or AT required) must be noted within the body of the pupil appraisal evaluation.
- For screenings that occur as a result of an IEP consideration, information regarding the screening results (AT not needed or AT required) must be documented on the IEP.

REFERRAL

When decisions about the assistive technology needs are beyond the scope of knowledge of the IEP team, a referral should be made to the Assistive Technology Coordinator for further assessment. Background information should be provided to the AT Coordinator and may include the following:

- *AT Consideration checklist* (AT-1)
- *AT Screening Form* (AT-3)
- Handwriting samples (if applicable) and/or additional information
- *AT Referral Form* (AT-4)

Once a referral is submitted, the AT Coordinator/Team will conduct an observation to determine AT recommendations or the need for a complete AT assessment. If an assessment is recommended, parent permission will be sought. Once permission is obtained, a formal assessment will be scheduled with the appropriate AT Team members. Upon completion of the assessment, a written report will be disseminated to Pupil Appraisal, IEP team members, and the student's parents/caregivers. The IEP team will be responsible for documenting AT on the student's IEP.

IEP DOCUMENTATION

There are five possible sections on an IEP that AT may be documented: the General Student Information (GSI) section, the Classroom Accommodations section (Communication sub-section and/or Assistive Technology sub-section), Accommodations for Standardized Assessment section and in the Goals/Objectives.

In most cases, it is more appropriate to identify the type or category of AT equipment, instead of listing a specific brand or device so that the team has more choices in the selection of technology that meets the particular need. For example, in the case of a student who requires the use of word processing with text-to-speech, there are a variety of programs that provide text-to-speech support. If the IEP team specifies a name of a particular program, they limit the use of other programs or program options that may already be available in multiple classroom settings or community settings that the student could otherwise use effectively. However, in special circumstances in which consistency in the device or technology used must be maintained, it may be necessary to specifically name the device.

- 1) **General Student Information (GSI)**-make a general statement regarding consideration and/or use of AT. If no AT is warranted, this is the only section that it needs to be stated; you do not need to mention AT in any other section.

Examples:

“Assistive technology has been considered and is not warranted at this time.”

“The student uses a portable word processor to complete written assignments.”

“The student uses an eight location voice output communication device to respond to simple questions and to make choices.”

- 2) **Classroom Accommodations: Communication**- document type of AT in this section **only if** the AT is used for verbal communication.

Examples:

“Eight location voice output device”

“Dynamic display voice output device”

“Text-to-speech communication device”

- 3) **Classroom Accommodations: Assistive Technology**- document any type of AT used including AT used for communication.

Examples:

- “Portable word processor”
- “Word prediction software”
- “Dynamic display voice output device”
- “Alternate keyboard and mouse”

*The AT will be documented in both the **Communication** and **Assistive Technology** sections only if the AT is used for verbal communication. Otherwise, the AT will only be documented under **Assistive Technology**.

- 4) **Standardized Assessment Accommodations**- if AT is required as a component of standardized testing it **must also be** documented on the classroom accommodations page under Communication and/or Assistive Technology sections.

Examples:

- “Portable word processor”
- “Calculator”
- “Alternate keyboard and mouse”

- 5) **Goals and Objectives**- when appropriate, AT may be integrated into goals and objective statements and transition planning.

Examples:

- “The student will respond to “wh” questions regarding a story or activity with 90% accuracy for 3 consecutive sessions using her 32-location voice output communication device.”

SECTION 3

ASSISTIVE TECHNOLOGY: Observation & Assessment

REVIEW OF REFERRAL INFORMATION

Once the AT Coordinator receives the referral form and appropriate attachments, he/she will review the information, contact appropriate personnel and conduct an observation to determine if a formal assistive technology assessment is warranted.

ASSESSMENT TEAM

Assistive technology observation / assessments should be conducted by a multidisciplinary team comprised of people who collectively have knowledge about the abilities and needs of the student, the demands of the customary environments, the educational objectives, and assistive technology devices and services. The team will be selected by the AT Coordinator. Team members may include but are not limited to:

- AT Coordinator
- Occupational Therapist
- Physical Therapist
- Speech Pathologist
- Regular Education Teacher
- Special Education Teacher
- Student
- Parents
- Paraprofessional
- Adapted Physical Education Teacher
- Nurse
- Audiologist
- Vocational Counselor
- Visually Impaired Teacher

OBSERVATION

An AT observation should be conducted by the AT Team to gather enough information to determine if a formal assistive technology assessment is warranted. The observation forms provided in the Appendix (AT-5) were adapted from the WATI Assistive Technology Assessment Packet and provide a structured format for identifying detailed information about each of the following areas:

- Fine Motor Related to Computer (or Device) Access
- Motor Aspects of Writing
- Composing Written Material
- Communication
- Reading
- Learning and Studying
- Math

There are three possible decisions that can be reached:

- 1) Student has been observed and/or screened for AT and no further actions if required at this time. Report results to the IEP team and document on the IEP.
- 2) Student has been observed and/or screened for AT and the following AT solutions and/or accommodations can be implemented. Report results to the IEP team and document on the IEP.
- 3) Student has been observed and/or screened for AT and additional assessment is needed. A complete AT evaluation is recommended.

ASSESSMENT

If an assessment is warranted then parent permission will be obtained before the AT Team begins the assessment.

Conducting the Assessment

The process for assessment may take several site visits and observations. A trial period and data recording may be required to determine the most appropriate assistive technology. In addition to observation, the assessment team may gather information through methods such as interviews, video recording, and samples of the student's work. Team members will coordinate their schedules to allow for observation and/or assessment visits as needed.

Recommendations

Once the AT Team examines the assessment results, they will report their findings and make recommendations. If AT is recommended, the recommendations should include specific information regarding the type of AT, how the student will use it, how the AT will be obtained, and how training will be provided.

Reporting Assessment Results

When the assistive technology assessment is part of an initial or review pupil appraisal evaluation, it should be an integrated component of that report and should address whether the student needs assistive technology and how assistive technology will benefit the student's educational program. When an assistive technology assessment has been conducted outside of the initial or review pupil appraisal evaluation, information gathered through the assessment should be written in a summary report and submitted to the IEP team. Copies of that report should also be sent to Pupil Appraisal, the parent(s), and should be attached to all copies of the current evaluation. Sample report templates are provided in Appendix.

SECTION 4

APPENDIX

Assistive Technology Consideration Checklist

Student: _____ School: _____ Date: _____

Directions: Use this form to consider the need for assistive technology (AT). Document the outcome on the student's IEP.

In developing each child's IEP, the IEP Team ... shall consider whether the child requires assistive technology devices and services.

IDEA 614. (d) (3) (B)(5).

Part I. Identify any area that is keeping the student from accomplishing IEP goals that reflect his/her abilities, or identify any area where the student is already using AT. _____			Was 1 or more area identified?
<input type="checkbox"/> A. <u>Motor Aspects of Writing</u> <input type="checkbox"/> B. <u>Computer Access</u> <input type="checkbox"/> C. <u>Composing Written Material</u> <input type="checkbox"/> D. <u>Communication</u> <input type="checkbox"/> E. <u>Reading</u>	<input type="checkbox"/> F. <u>Learning/Studying</u> <input type="checkbox"/> G. <u>Math</u> <input type="checkbox"/> H. <u>Recreation</u> <input type="checkbox"/> I. <u>Activities of Daily Living</u> <input type="checkbox"/> J. <u>Mobility</u>	<input type="checkbox"/> K. <u>Environmental Control</u> <input type="checkbox"/> L. <u>Positioning and Seating</u> <input type="checkbox"/> M. <u>Vision</u> <input type="checkbox"/> N. <u>Hearing</u> <input type="checkbox"/> O. <u>Vocational</u> <input type="checkbox"/> P. Other: _____	<input type="checkbox"/> Yes - Go to Part II. <input type="checkbox"/> No – Consideration is complete. The student does not require AT at this time. Document this result on the IEP.
Part II. List the area(s) identified in Part I. Specify the task(s) the student is unable to do and the environment(s) where that task takes place. _____	Briefly list or describe any special strategies, accommodations or technology already being used. _____		Is the student able to complete tasks at his/her ability with or without any special strategies, accommodations or technology already being used?
			<input type="checkbox"/> Yes - Current strategies are adequate. Consideration is complete. The student does not require AT at this time. Document this result on the IEP.
			<input type="checkbox"/> Yes - The student's current use of AT is adequate. Consideration is complete. Document current use of AT on the IEP.
			<input type="checkbox"/> No – Go to Part III.
Part III. Select one of the following and proceed as described.			
<input type="checkbox"/> AT is required. The IEP team knows the nature and extent of the AT devices/services needed and will address AT in the student's IEP.			
<input type="checkbox"/> AT may be required. The IEP team determines that additional information is needed and will conduct additional AT screening by _____ (date). Record this statement on the IEP.			

Comments: _____

Form completed by: _____

Adapted from Wisconsin Assistive Technology Initiative (WATI), Miami-Dade County Assistive Technology Procedures, Georgia Project for Assistive Technology, Oregon Technology Access Program and St. Charles Parish Public Schools Consideration forms.

Email completed Checklist to Suzanne.Nugent@jppss.k12.la.us

Assistive Technology Consideration Resource Guide

The following information is provided to assist educational teams in considering assistive technology in the development, review, and/or revision of a student's Individual Educational Plan. This document provides a framework for identifying relevant tasks within instructional areas as well as appropriate accommodations, modifications, and technology solutions. Additional tasks and solutions will need to be added to address individual student needs.

Instructional or Access Area	Standard Tools	Modifications and Accommodations of Task and Expectations	Assistive Technology Solutions
<p>Writing:</p> <p style="padding-left: 40px;">Sample Tasks:</p> <ul style="list-style-type: none"> • Write name • Copy letters/words/numbers for skills practice • Write words from memory • Copy print from book or worksheet • Copy notes from board or overhead • Complete written worksheets with single word responses (fill-in-the blank) • Complete written worksheets with phrase or sentence response • Complete written test with multiple choice response (circle/mark answer) • Complete written test and forms with fill-in-the-blank response • Complete written test with matching response • Complete written test with phrase/sentence (short answer) • Complete written test with essay response (multi-paragraph) • Record notes from teacher dictation/lecture with teacher recording notes on board/overhead • Record notes from teacher dictation/lecture without teacher notes • Generate creative/spontaneous writing samples • Copy numbers 	<ul style="list-style-type: none"> • Crayon/Marker • Pencil • Pen • Letter and number strip • Clipboard • Typewriter • Computer with word processing software with grammar and spell checker • Instructional software to remediate and enhance specific writing skills 	<ul style="list-style-type: none"> • Increased time for completing assignments • Decreased length of assignment/number of responses • Oral dictation as an alternative to writing • Peer notetaker • Format of assignment changed to meet need of student - multiple choice, matching word banks, fill-in-the-blank, short answer • Word banks, sentence starters, and cloze format writing activities for supports • Provide typed outline or typed copy of lecture notes to student prior to delivery for student to use to follow lecture • Student highlights key points on printed copy of notes rather than copying/recording lecture notes • Webbing-concept mapping strategy used 	<ul style="list-style-type: none"> • Pencil grip or other adapted writing aids • Adapted paper (bold line, raised line, different spacing, secured to desk, paper stabilizers) • Slant board • Personal dry erase board • Non-slip writing surface (e.g. dyceum) • Tape recorder for dictated responses and notetaking • Portable word processor (e.g. PC-5, AlphaSmart, etc.) • Notetaking device (e.g. Braille, adapted tape recorder, smartboard) • Computer with word processing software with spell and grammar checks (e.g. Microsoft Word) • Computer with word processing software and outlining/webbing software (e.g. Inspiration or Kidspiration, DraftBuilder)

Instructional or Access Area	Standard Tools	Modifications and Accommodations of Task and Expectations	Assistive Technology Solutions
<p>Writing Sample Tasks(Continued)</p> <ul style="list-style-type: none"> • Enter number in correct location within calculation problems • Copy math calculation problems with correct alignment • Record dictated math calculation problems with correct alignment • Copy diagrams and graphs create and plot linear and quadratic equations on graph 	<ul style="list-style-type: none"> • See previous page 	<ul style="list-style-type: none"> • See previous page 	<ul style="list-style-type: none"> • See previous page
<p>Spelling:</p> <p>Sample Tasks:</p> <ul style="list-style-type: none"> • Identify correctly spelled word from printed list • Write spelling words from dictation • Spell words orally • Take a written spelling test • Use spelling words appropriately in a sentence • Locate correctly spelled words in a dictionary • Complete writing tasks with correct spelling • Identify/correct incorrectly spelled words in writing sample 	<ul style="list-style-type: none"> • Flashcards • Alphabet strip • Print dictionary • Computer with word processing software with built-in spell checker • Instructional software to remediate and enhance basic phonics and spelling skills 	<ul style="list-style-type: none"> • Peer/adult assistance for difficult to spell words • Personal or custom dictionary • Problem word list • Reduce number of spelling words • Increased time for completing assignments 	<ul style="list-style-type: none"> • Personal dry erase board for practice • Tape recorder with difficult to spell words recorded • Hand-held spellchecker without auditory output (e.g Merriam-Webster Dictionary and Thesaurus) • Hand-held spellchecker with auditory output (e.g. Speaking Merriam-Webster Dictionary and Thesaurus) • Portable word processor with built-in spellchecker (e.g. AlphaSmart) • Computer with word processing program with spell check feature (e.g. Microsoft Word)
<p>Reading:</p> <p>Sample Tasks:</p> <ul style="list-style-type: none"> • Identify letters in isolation and in sequence • Recognize/read name • Read basic/primer sight words • Read functional words (community, emergency, grocery, etc.) • Read target/selected words within a sentence • Comprehend age/grade appropriate reading materials 	<ul style="list-style-type: none"> • Textbooks • Worksheets • Printed information on board/overhead • Printed test materials • Instructional software to remediate basic reading and/or reading comprehension skills 	<ul style="list-style-type: none"> • Peer/adult reading assistance • High interest, low reading level materials • Increased time for completing reading materials • Decreased length of assignment • Simplify complexity of text • Color coding to emphasize key points (highlighting) • Custom vocabulary list Increase print size of materials through photocopying 	<ul style="list-style-type: none"> • Page fluffers • Slant board and book holders for positioning books • Color Overlays • Tracking strategies (e.g. reading window, bar magnifier) • Speaking spellchecker or dictionary as a word recognition aid(e.g. Speaking Merriam-Webster Dictionary and Thesaurus) • Audio-taped books (e.g. books-on-tape from Recordings for the Blind and Dyslexic) • Electronic books (e.g. disk or CD-ROM)

Instructional or Access Area	Standard Tools	Modifications and Accommodations of Task and Expectations	Assistive Technology Solutions
<p>Reading Sample Tasks (Continued):</p> <ul style="list-style-type: none"> • Read print materials from textbooks and supplemental materials with comprehension • Read material from worksheet with comprehension • Read material from board/overhead with comprehension • Read material from computer display with comprehension • Read longer reading samples with comprehension and without fatigue • Answer literal questions regarding materials read • Answer questions regarding main idea of materials read • Answer inferential questions regarding materials read 	<ul style="list-style-type: none"> • See previous page 	<ul style="list-style-type: none"> • See previous page 	<ul style="list-style-type: none"> • Computer-based talking word processing program (e.g. Write OutLoud) • Computer with graphic word processor (e.g. Writing with Symbols) • Computer with text enlargement software (e.g. ZoomText) • Computer with text reading software (e.g. ReadPlease, Talk-to-Me, JAWS, Kurzweil 1000) • Computer-based advanced reading aids (e.g. Kurzweil 3000, WYNN)
<p>Math:</p> <p>Sample Tasks:</p> <ul style="list-style-type: none"> • Identify numbers in isolation and sequence • Comprehend basic math concepts • Complete basic calculations (addition, subtraction, multiplication, and division) • Complete complex math calculations • Complete math word problems • Tell time to the hour, half-hour, etc. using an analog and/or digital clock • Calculate passage of time • Identify coins and bills • Demonstrates understanding of coin and bill value 	<ul style="list-style-type: none"> • Manipulatives (beads, etc.) • Abacus • Number line • Math fact sheet (e.g. multiplication facts) • Calculator • Instructional software to remediate and enhance specific math skills 	<ul style="list-style-type: none"> • Change format of assignment (e.g.: write answers only) • Peer/adult reading of problem and recording of answer • Reduce number of problems • Provide additional spacing between problems • Provide additional time to complete tasks • Increase size of print through photocopying • Change complexity of material (e.g. separate problems by operations required) • Teacher/peer support for reading and assistance 	<ul style="list-style-type: none"> • Modified paper (bold line, enlarged, raised line, graph paper, etc.) • Talking calculator with speech output • Calculator with large print display • Calculator with large keypad • Computer based on-screen calculator • Adapted measuring devices (e.g. devices with speech output, large print display, or tactile output)

Instructional or Access Area	Standard Tools	Modifications and Accommodations of Task and Expectations	Assistive Technology Solutions
Math Sample Tasks (Continued): <ul style="list-style-type: none"> • Utilize money to purchase items • Utilize coins and bills to make appropriate change • Maintain and balance a checkbook 	<ul style="list-style-type: none"> • See previous page 	<ul style="list-style-type: none"> • See previous page 	<ul style="list-style-type: none"> • See previous page
Study Organizational Skills: Sample Tasks: <ul style="list-style-type: none"> • Copy assignments from board • Record assignments from teacher dictation • Complete assigned task within designated timelines • Request teacher/peer assistance when needed • Has appropriate materials/supplies for class activities 	<ul style="list-style-type: none"> • Instructional materials, including software to remediate deficit areas, to teach compensation strategies, and focus on strengths 	<ul style="list-style-type: none"> • Assignment sheet provided by peer and/or adult • Outlines of key points • Student schedule or checklist • Positioning student strategically within classroom environment • Timers • Student self monitoring sheets 	<ul style="list-style-type: none"> • Print or picture schedule • Organizational aids (e.g. Color coding, appointment book, etc.) • Tape recorder • Speech prompting device
Listening : Sample Tasks: <ul style="list-style-type: none"> • Follow verbal directions • Listen to stories, books, etc. and answer comprehension questions • Listen to classroom discussion and apply information (answer questions, record notes, etc) • Listen to teacher lecture and apply information (answer questions, record notes, etc) • Listen to verbally presented information and retell with correct sequencing and facts • Listen to videos to gather information about current instructional topics 	<ul style="list-style-type: none"> • Television • Video player • Cassette recorder/player • Headphones for clarity of sound and blocking of extraneous noises for cassette/ television • Overhead projector to provide visual outline during note taking • Closed captioning access to caption ready television and video presentations 	<ul style="list-style-type: none"> • Preferential seating • Use teacher proximity • Elimination of extraneous noise (air conditioner) • Break directions into smaller steps/segments • Use verbal prompts • Use gestures • Pre-teach vocabulary and/or components of the lesson • Audio-tape verbally presented information for repeated presentation • Use visual aids (picture symbols, diagrams, maps) to illustrate key points • Provide a written outline of lecture 	<ul style="list-style-type: none"> • Personal amplification system • Classroom sound field system • Auditory trainer • Personal hearing aids • Tape recorder with indexing capability • Smart Board for transferring teacher written notes to student computer for viewing and printing and viewing • Environmental alert system • Voice to text software application for converting teacher lecture to text • Closed captioning on non-caption ready instructional materials • Real time captioning of class lecture and discussion

Instructional or Access Area	Standard Tools	Modifications and Accommodations of Task and Expectations	Assistive Technology Solutions
<p>Listening Sample Tasks (continued):</p> <ul style="list-style-type: none"> Respond to environmental stimuli appropriately (someone knocking on classroom door, bell ringing, fire alarm) 	<ul style="list-style-type: none"> See previous page 	<ul style="list-style-type: none"> Use a peer note-taker to record notes in class Provide print copy of script in videotapes Provide sign language/oral interpreter 	<ul style="list-style-type: none"> See previous page
<p>Oral Communication: Sample Tasks:</p> <ul style="list-style-type: none"> Gain attention of peers/adults within environment Express basic wants/needs Request assistance as needed Provide appropriate greetings Participate in conversation with peers/teachers Respond appropriately to teacher/peer questions and/or comments Provide oral report in class on assigned topic Inform others of events, topics, etc Terminate conversation 	<ul style="list-style-type: none"> Organizing diagram for presentations 	<ul style="list-style-type: none"> Interpreter Verbal prompts Modeling appropriate skills Repetition of spoken answers Additional response time Provide questions before time Accepting shortened responses 	<ul style="list-style-type: none"> Speech enhancing devices (e.g. amplifiers, clarifiers) Augmentative communication solutions (e.g. object based communication displays, picture communication boards, books, and wallets, talking switches, dedicated augmentative communication devices, and integrated computer based augmentative communication solutions-all with adaptive input as needed) Sign language
<p>Aids to Daily Living: Sample Tasks:</p> <ul style="list-style-type: none"> Feed self using appropriate utensils Drink using appropriate utensils Prepare simple snack Prepare basic meal Dress and/or undress self using appropriate tools Complete personal hygiene and grooming tasks (brushing teeth, hair, etc.) Toilet self Perform simple household chores 	<ul style="list-style-type: none"> Eating utensils (ex. spoon, cup, etc.) Personal hygiene tools (ex: toothbrush, comb, brush, etc.) Toileting supplies (ex: tissue) Bathroom rails and adaptive faucet handles Cleaning materials and appliances 	<ul style="list-style-type: none"> Verbal prompts Modeling appropriate skills Picture cues and prompts Additional time to complete tasks Modification of task length and complexity 	<ul style="list-style-type: none"> Adapted eating aids (e.g. grips for standard eating utensils, adapted cups/glasses, etc.) Feeding machines Adapted dressing aids (e.g. button holers, pulls for zippers, Velcro fasteners, etc.) Adapted cooking and food preparation aids (e.g. blender attached to power control unit, adapted pouring handles, etc.) See other sections of this document for leisure, vocational, mobility, and learning aids.) Adapted household cleaning tools and appliances

Instructional or Access Area	Standard Tools	Modifications and Accommodations of Task and Expectations	Assistive Technology Solutions
<p>Recreation and Leisure: Sample Tasks:</p> <ul style="list-style-type: none"> • Participate in play activities • Participate in leisure activities (ex: look at/read book or magazine, listen to music, etc.) appropriately • Manipulate and/or operate toys, tools, and/or electronic appliances required for participation in leisure activities appropriately 	<ul style="list-style-type: none"> • Puzzles • Games • Toys • Music (e.g. tape player, CD-ROM, etc.) 	<ul style="list-style-type: none"> • Verbal prompts • Adult peer assistance • Modeling appropriate skills • Cooperative participation with • Game modification 	<ul style="list-style-type: none"> • Knobs for puzzles • Adapted crayon holders • Adapted books • Adapted music with symbols • Raised line coloring sheets • Spinners for games • Switch accessible toys (commercially available or switch accessible through switch interface) • Environmental control devices • Power control units and battery adapter devices • Adaptive sports equipment • Computers with adaptive input devices as needed and appropriate software to address leisure skills
<p>Pre-vocational and Vocational: Sample Tasks:</p> <ul style="list-style-type: none"> • Complete assigned tasks (ex: filing, sorting, assembly, etc.) within designated timelines • Utilize tools, manipulatives, and/or equipment to complete tasks • Complete single and multiple step tasks 	<ul style="list-style-type: none"> • Sorting and assembling materials • Office equipment • Computer with standard office applications • Timers and watches 	<ul style="list-style-type: none"> • Verbal prompts • Picture and word cues • Modeling appropriate skills • Cooperative participation with peers and adults • Student self-monitoring sheets • Modification of task length and complexity 	<ul style="list-style-type: none"> • Individualized task and material modifications to meet student needs • Computer with adaptive input devices as needed and appropriate software to address pre-vocational or vocational needs • Vibrating and talking watches and timers • Auditory prompting with and without visual display
<p>Seating, Positioning, and Mobility: Sample Tasks:</p> <ul style="list-style-type: none"> • Move about/ambulate about the classroom, school, and/or community • Manipulate educational materials as required in assigned activities • Maintain appropriate seating/ position for participation in relevant activities 	<ul style="list-style-type: none"> • Classroom chairs, desks and tables 	<ul style="list-style-type: none"> • Limit mobility requirements through careful scheduling of daily activities (order, location, etc.) • Peer and adult assistance • Modification of requirements based upon student's daily energy level and the task to be completed 	<ul style="list-style-type: none"> • Adaptive classroom equipment (e.g. prone and supine standers, side lyers, adapted chairs with seating modifications and support, etc.) • Adapted tables and desks • Walkers • Crutches/canes • Manual wheelchairs • Power wheelchairs • Lap trays and equipment mounts

Jefferson Parish Public School System
Assistive Technology Screening Form

Student's Name: _____ DOB: _____ Screening Date: _____
 Grade: _____
 Person Completing Form: _____
 School: _____
 Relationship of Person Completing Form: _____
 Phone: _____
 Exceptionality: _____

The Assistive Technology Screening Form documents various areas in which assistive technology may be considered to enable a student with a disability to access the general education curriculum as well as necessary assistive technology accommodations needed for LEAP testing. It serves as a tool to determine if a student may benefit from assistive technology or if additional assessment is needed.

Identify the area(s) of concern and answer all questions under the area(s) of concern only. For each "NO" response, provide a detailed explanation in the "Comments" area provided at the end of each section.

Positioning, Seating, Mobility, Recreation	p. 1 & 2
Activities of Daily Living, Environmental Controls	p. 2 & 3
Motor Aspects of Writing, Fine Motor, Computer Access	p. 3
Reading, Composing Written Material	p. 4
Learning, Studying, Math	p. 4
Communication	p. 5
Vision & Hearing	p. 5 & 6
Vocational	p. 6
LEAP Testing	p. 7

Positioning, Seating, Mobility, Recreation

- | | |
|--|--------|
| 1. The student is physically able to sit upright while completing tasks at his/her desk(i.e., not slouched, resting head on desk or hand). | YES NO |
| 2. The student is physically capable of maintaining an appropriate posture while seated and actively engaged in a motor task (i.e., keyboarding, cutting). | YES NO |

- | | | |
|---|-----|----|
| 3. The student is physically capable of participating in playing and running activities without atypical postures (ex. independent play on playground equipment). | YES | NO |
| 4. The student is physically capable of manipulating various parts/ pieces of toys, games, and art activities. | YES | NO |
| 5. The student is physically able to sit on the floor without assuming asymmetrical postures. | YES | NO |
| 6. The student is physically able to perform the motor skills necessary to get to/from school and/or get around within the school. | YES | NO |
| 7. The student is physically able to participate in physical activities (structured/independent/academic/extracurricular) and navigates the classroom without tripping and stumbling. | YES | NO |
| 8. The student is physically able to independently: | | |
| climb and descend stairs | YES | NO |
| open doors | YES | NO |
| carry objects while walking | YES | NO |
| 9. The student is physically able to maintain balance while performing an activity (i.e., putting on boots, getting up from the floor). | YES | NO |
| 10. The student demonstrates physical strength needed to participate in school activities. | YES | NO |

Comments: _____

Activities of Daily Living, Environmental Controls

- | | | |
|---|-----|----|
| 1. The student organizes and maintains his/her school supplies and materials | YES | NO |
| 2. The student independently files through a lunch line, selects meal items, and proceeds to a table. | YES | NO |
| 3. The student maintains personal hygiene. | YES | NO |
| 4. The student uses restrooms independently. | YES | NO |

- | | | |
|--|-----|----|
| 5. The student is able to tie shoes, button, snap, and/or use zippers independently. | YES | NO |
| 6. The student manages meal-time utensils adequately. | YES | NO |
| 7. The student independently activates/operates electronics and appliances required for daily activities/routines. | YES | NO |

Comments: _____

Motor Aspects of Writing, Fine Motor, Computer Access

- | | | |
|--|-----|----|
| 1. The student is able to cut and/or handle scissors independently. | YES | NO |
| 2. The student is able to use writing utensils (i.e., markers, paintbrush, pencil, crayons) independently. | YES | NO |
| 3. The student is able to draw, form letters, stay on the line, and/or trace accurately with writing utensils. | YES | NO |
| 4. The student is able to copy materials from a book. | YES | NO |
| 5. The student is able to turn the pages in a book. | YES | NO |
| 6. The student writes legibly. | YES | NO |
| 7. The student writes legibly at a reasonable rate. | YES | NO |
| 8. The student is able to tie shoes, button, snap, and/or use zippers independently. | YES | NO |
| 9. The student is able to use a standard keyboard and mouse to access a computer. | YES | NO |
| 10. The student is able to participate in activities requiring fine motor skills, such as board games or art. | YES | NO |

Comments: _____

****Handwriting samples must be attached if handwriting skills are an area of concern.

Reading, Composing Written Material

- 1. The student visually tracks along a line of print. YES NO
- 2. The student reads text independently. YES NO
- 3. The student accomplishes written tasks (e.g., paragraphs, essays, short answers). YES NO
- 4. The student correctly spells words needed to communicate in written form. YES NO
- 5. The student organizes his/her thoughts and ideas to produce written tasks/assignments. YES NO
- 6. The student writes in complete sentences using correct grammar and syntax (word order). YES NO

Comments: _____

****Samples of writing must be attached if written composition is an area of concern.

Learning, Studying, Math

- 1. The student understands basic cause/effect. YES NO
- 2. The student makes choices. YES NO
- 3. The student has sequencing skills. YES NO
- 4. The student can remember the steps necessary to accomplish school/ daily living tasks. YES NO
- 5. The student performs mathematical tasks needed for school and/or for daily living. YES NO
- 6. The student takes notes at the level needed in school and/or in daily living. YES NO

Comments: _____

Communication

- 1. The student responds to speech and noises in the environment. YES NO
- 2. The student speaks to communicate. YES NO

Check the student’s current level of communicative functioning/expression.

- gestures/facial expressions 2-3 word utterances
- vocalizations signing
- 1 word utterances augmentative communication device/system
(please describe in the comments section)

- 3. The student’s speech is understood by others. YES NO
- 4. The student’s mode of communication is understood by others. YES NO

Comments: _____

Vision & Hearing

- 1. The student is able to see printed materials presented in the classroom. YES NO
- 2. The student is able to see toys/objects in the classroom environment. YES NO
- 3. The student is able to transfer information from a book, chart, and/or chalkboard to paper. YES NO
- 4. The student is able to see clearly with or without aids (ex. glasses, magnifiers). YES NO
- 5. The student is able to hear with or without the use of aids (ex. hearing aids, sound field system). YES NO
- 6. The student is able to hear speech/noise out of his/her field of vision. YES NO

- | | | |
|---|-----|----|
| 7. The student responds best to speech when the stimulus is within six feet of the speaker. | YES | NO |
|---|-----|----|

Comments: _____

Vocational

- | | | |
|--|-----|----|
| 1. The student is able to physically maintain position with or without aids for the job required. | YES | NO |
| 2. The student is able to demonstrate sufficient stamina with or without aids for job required. | YES | NO |
| 3. The student uses a computer without modifications. | YES | NO |
| 4. The student holds the telephone and dials independently. | YES | NO |
| 5. The student independently uses materials/equipment at a vocational training program. | YES | NO |
| 6. The student independently uses stairs, elevators, lockers, etc. within the school/work/community environment. | YES | NO |

Comments: _____

Possible assistive technology accommodations needed for LEAP testing:

Test accommodations are provided to minimize the effects of a student’s disability to ensure that a student can demonstrate the degree of achievement he or she actually possesses. Test accommodations should not be different from or in addition to the accommodations provided in the classroom during instruction and assessment as indicated on the student’s IEP. The goal in using accommodations is to give students with disabilities an equal opportunity in assessment, not to give students with disabilities an unfair advantage over other students or to subvert or invalidate the purpose of the tests.

- 1. The student, without requiring assistive technology, can follow test directions. YES NO
- 2. The student, without the use of assistive technology, can respond to test questions. YES NO
- 3. The student can access the test booklet and answer document without assistive technology. YES NO

Comments: _____

Summary of results:

Check area(s) where the student has received “NO” responses. Review and determine if a referral for further assessment is necessary.

- ___ Positioning, Seating, Mobility, Recreation
- ___ Activities of Daily Living, Environmental Controls
- ___ Motor Aspects of Writing, Fine Motor, Computer Access
- ___ Reading, Composing Written Material
- ___ Learning, Studying, Math
- ___ Communication
- ___ Vision & Hearing
- ___ Vocational
- ___ LEAP Testing

Recommendations (to be filled out by person completing the form):

- 1. No AT is needed at this time. Document on the IEP.
- 2. AT is required; the IEP team knows what AT is needed and will implement. Document use of AT on the IEP.
- 3. AT may be required, but team is not clear on what type of AT is needed. A referral should be made for further assessment. Indicate area(s) of concern:
 - Positioning, Seating, Mobility, Recreation
 - Activities of Daily Living, Environmental Controls
 - Motor Aspects of Writing, Fine Motor, Computer Access
 - Reading, Composing Written Material
 - Learning, Studying, Math
 - Communication
 - Vision & Hearing
 - Vocational
 - LEAP Testing

****If #3 is checked, complete the AT Referral Form (Appendix, AT-4). Send the following to the Assistive Technology Coordinator:**

- **AT Consideration checklist (AT-1)**
- **AT Screening Form (AT-3)**
- **Handwriting samples (if applicable) and/or additional information**
- **AT Referral Form (AT-4)**

Send to Suzanne.Nugent@jppss.k12.la.us

FOR AT USE ONLY:

Action Taken:

Jefferson Parish Public School System
Assistive Technology Referral Form

Student: _____ School: _____

DOB: _____ Age: _____ Grade: _____ Gender: _____

Parent(s): _____ Phone: _____

Address: _____

Exceptionality: _____ Teacher: _____

Related Service Providers: _____

Time spent in regular education class each day: _____

Time spent in special education class each day: _____

Referred By: _____ Relationship to Student: _____

Pertinent medical diagnosis/diagnoses (sensory impairment, cerebral palsy, seizures, etc.):

Area of Assessment Needed:

- _____ Communication
- _____ Computer Access
- _____ Learning/Studying
- _____ Math
- _____ Mechanics of Writing (attach samples of writing)
- _____ Reading
- _____ Written Composition (attach samples of writing)
- _____ Other: _____

Reason for Referral:

1. What task does the student need to accomplish?

2. What is the student's current level of performance on this task?

3. How is the student's disability affecting his/her performance?

4. In which environment(s) does this task need to be done?

5. Are there environmental concerns or other issues of concern?

6. What classroom modifications and adaptations have been tried to address this concern?

7. What was the outcome of the classroom modifications?

8. List any assistive technology that has been used or is presently being used (i.e. switch, communication device, alternate keyboard, etc.) and indicate why the AT is not successful.

9. Are there specific tools or strategies that someone on the team thinks should be considered?

Any additional pertinent information:

Send the following to the Assistive Technology Coordinator

- **AT Consideration checklist (AT-1)**
- **AT Screening Form (AT-3)**
- **Handwriting samples (if applicable) and/or additional information**
- **AT Referral Form (AT-4)**

Signature

Date Signed

Jefferson Parish Public School System

**ASSISTIVE TECHNOLOGY OBSERVATION
COMMUNICATION CONCERNS**

Date: _____

Student: _____ School: _____

DOB: _____ Age: _____ Grade: _____ Gender: _____

Parent(s): _____ Phone: _____

Address: _____

Exceptionality: _____ Teacher: _____

Related Service Providers: _____

Time spent in regular education class each day: _____

Time spent in special education class each day: _____

Referred By: _____ Relationship to Student: _____

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

Type: _____ # signs: _____ # combinations: _____

signs in a combination: _____

Vocalizations, list examples

Vowels, vowel combinations, list examples

Single words, list examples & approx. #

Reliable no Reliable yes 2-word utterances 3-word utterances

Semi-intelligible speech, estimate % intelligible

Communication board

Tangibles

Pictures

Combination pictures/words

- Words:
- Voice output AC device (name of device):
- Intelligible speech
- Writing
- Other:

Those Who Understand Student’s Communication Attempts (Check all that apply.)

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

Current Level of Receptive Language Age Approximation

If formal testing is used, give name and scores.

If formal testing is not used, give an approximate age or developmental level of functioning. Explain your rationale for this estimate.

Current Level of Expressive Language Age approximation:

If formal testing is used, give and scores.

If formal testing is not used, give an approximate age or developmental level of functioning. Explain your rationale for this estimate.

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

How often does the student do the following:

	Always	Frequently	Occasionally	Seldom	Never
Turns toward speaker	—	—	—	—	—
Interacts with peers	—	—	—	—	—
Aware of listener’s attention	—	—	—	—	—
Initiates interaction	—	—	—	—	—
Asks questions	—	—	—	—	—
Responds to communication interaction	—	—	—	—	—
Requests clarification from communication partner	—	—	—	—	—
Repairs communication breakdown	—	—	—	—	—
Requires frequent verbal prompts	—	—	—	—	—
Requires frequent physical prompts	—	—	—	—	—
Maintains communication exchange	—	—	—	—	—
Terminates communication	—	—	—	—	—

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

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 with large number of words and phrases
- Other

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

- Yes No Object/picture recognition
- Yes No Symbol recognition (tactile, PCS, Rebus, etc.)
- Yes No Auditory discrimination of sounds
- Yes No Auditory discrimination of words, phrases
- Yes No Selecting initial letter of word
- Yes No Following simple directions
- Yes No Sight word recognition
- Yes No Putting two symbols or words together to express an idea

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

- Maintains fixation on stationary object
- Looks to right and left without moving head
- Scans line of symbols left to right
- Scans matrix of symbols in a grid
- Visually recognizes people
- Visually recognizes common objects
- Visually recognizes photographs
- Visually recognizes symbols or pictures
- Needs additional space around symbol
- Visually shifts horizontally
- Visually shifts vertically
- Recognizes line drawings

Symbols Understood by the Student:

Referent	Object Specify Type	Color Photo	Line Drawing Size:	Printed Word Size:

Student could identify symbols by using the following: (Check all that apply.)

Function Label/name Action Association Size Color Category

Student could sequence symbols to generate phrases/sentences

Yes No

If yes, the student could sequence up to _____ symbols.

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 responses the student currently uses or his/her need for augmenting communication. (Use an additional page if necessary.)

Summary of Student's Abilities and Concerns Related to Communication

JEFFERSON PARISH PUBLIC SCHOOL SYSTEM
ASSISTIVE TECHNOLOGY OBSERVATION
COMPOSING WRITTEN MATERIAL CONCERNS

Date: _____

Student: _____ School: _____

DOB: _____ Age: _____ Grade: _____ Gender: _____

Parent(s): _____ Phone: _____

Address: _____

Exceptionality: _____ Teacher: _____

Related Service Providers: _____

Time spent in regular education class each day: _____

Time spent in special education class each day: _____

Referred By: _____ Relationship to Student: _____

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

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

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

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

- Story starters
- Preset choices or plot twists
- Templates to provide the format or structure (both paper and electronic)
- Webbing/concept mapping
- Outlines
- Other

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

- Word cards
- Prewritten words on cards or labels
- Dictionary or 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
- Word book
- Word wall/word lists

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

JEFFERSON PARISH PUBLIC SCHOOL SYSTEM

**ASSISTIVE TECHNOLOGY OBSERVATION
FINE MOTOR RELATED COMPUTER OR DEVICE ACCESS**

Date: _____

Student: _____ School: _____

DOB: _____ Age: _____ Grade: _____ Gender: _____

Parent(s): _____ Phone: _____

Address: _____

Exceptionality: _____ Teacher: _____

Related Service Providers: _____

Time spent in regular education class each day: _____

Time spent in special education class each day: _____

Referred By: _____ Relationship to Student: _____

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.

Range of Motion

Student has specific limitations to range. Yes No

Describe the specific range in which the student has the most motor control.

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.

Accuracy

Student has difficulty with accuracy. Yes No

Describe how accurate, reliable, and consistent the student is in performing a particular fine motor task.

Fatigue

Student fatigues easily. Yes No

Describe how easily the student becomes fatigued.

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 Light beam/laser
- Other:

Describe which seemed to work the best and why.

Size of Grid

What is the smallest square the student can accurately access?

- 1"square 2"square 3"square 4"square

What is the optimal size grid? Size of square:

Number of squares: Across _____ Down _____

Scanning

If student cannot direct select, does the student use scanning?

- Yes No

If yes, what kind of scanning: step automatic inverse other:

Preferred control site (body site):

Other possible control sites:

Type of Switch

The following switches have been tried. (Check all that apply. Circle the one or two that seemed to work the best.)

- | | | | |
|--|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Touch (jellybean) | <input type="checkbox"/> Light touch | <input type="checkbox"/> Wobble | <input type="checkbox"/> Rocker |
| <input type="checkbox"/> Joystick | <input type="checkbox"/> Lever | <input type="checkbox"/> Head switch | <input type="checkbox"/> Mercury (tilt) |
| <input type="checkbox"/> Arm slot | <input type="checkbox"/> Eye brow | <input type="checkbox"/> Tongue | <input type="checkbox"/> Sip/puff |
| <input type="checkbox"/> Tread | <input type="checkbox"/> Other: | | |

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

JEFFERSON PARISH PUBLIC SCHOOL SYSTEM

**ASSISTIVE TECHNOLOGY OBSERVATION
LEARNING AND STUDYING CONCERNS**

Date: _____

Student: _____ School: _____

DOB: _____ Age: _____ Grade: _____ Gender: _____

Parent(s): _____ Phone: _____

Address: _____

Exceptionality: _____ Teacher: _____

Related Service Providers: _____

Time spent in regular education class each day: _____

Time spent in special education class each day: _____

Referred By: _____ Relationship to Student: _____

Difficulties Student Has Learning New Material or Studying (Check all that apply.)

- Remembering assignments
- Organizing information/notes
- Remembering steps of tasks or assignments
- Organizing materials for a report or paper
- Finding place in textbooks
- Turning in assignments
- Taking notes during lectures
- Reviewing notes from lectures
- Other: _____

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
- Handheld scanner to read words or phrases
- Software for manipulation of objects/concept development
- Software for organization of ideas and studying
- Handheld computers
- Other:

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

JEFFERSON PARISH PUBLIC SCHOOL SYSTEM
ASSISTIVE TECHNOLOGY OBSERVATION
MATH CONCERNS

Date: _____

Student: _____ School: _____

DOB: _____ Age: _____ Grade: _____ Gender: _____

Parent(s): _____ Phone: _____

Address:

Exceptionality: _____ Teacher: _____

Related Service Providers: _____

Time spent in regular education class each day: _____

Time spent in special education class each day: _____

Referred By: _____ Relationship to Student: _____

Difficulties Student Has with Math (Check all that apply.)

- Legibly writing numerals
- Understanding math related language
- Understanding meaning of numbers
- Understanding place values
- Understanding money concepts
- Completing simple addition and subtraction
- Completing multiplication and division
- Understanding units of measurement
- Understanding tables and graphs
- Creating graphs and tables
- Understanding time concepts
- Understanding fractions
- Working with fractions
- Converting to mixed numbers
- Understanding decimals/percents
- Solving story problems

- Understanding geometry
- Graphing
- Understanding the use of formulas
- Understanding and use of trigonometry functions
- Checking work
- Other

Assistive Technology Tried

- | | |
|--|--|
| <input type="checkbox"/> Abacus | <input type="checkbox"/> Talking calculator |
| <input type="checkbox"/> Math line | <input type="checkbox"/> Braille calculator |
| <input type="checkbox"/> Enlarged math worksheets | <input type="checkbox"/> Alternative keyboards (e.g. IntelliKeys) |
| <input type="checkbox"/> Low-tech alternatives for answering | <input type="checkbox"/> Math “Smart Chart” |
| <input type="checkbox"/> Recorded material | <input type="checkbox"/> Tactile math devices (ruler, clock, etc.) |
| <input type="checkbox"/> Electronic organizers | <input type="checkbox"/> Pagers/electronic reminders |
| <input type="checkbox"/> Single-word scanners | <input type="checkbox"/> On screen scanning calculator |
| <input type="checkbox"/> Voice output reminders for assignments, steps of task, etc. | |
| <input type="checkbox"/> Software for manipulation of objects/concept development | |
| <input type="checkbox"/> Software for organization of ideas and studying | |
| <input type="checkbox"/> Handheld computers | <input type="checkbox"/> Talking or Braille watch |
| <input type="checkbox"/> Other: | |

Strategies Used

Describe any math strategies that have been used with this student.

Were they successful? Describe.

Summary of Student’s Abilities and Concerns in the Area of Math

JEFFERSON PARISH PUBLIC SCHOOL SYSTEM
ASSISTIVE TECHNOLOGY OBSERVATION
MOTOR ASPECTS OF WRITING

Date: _____

Student: _____ School: _____

DOB: _____ Age: _____ Grade: _____ Gender: _____

Parent(s): _____ Phone: _____

Address: _____

Exceptionality: _____ Teacher: _____

Related Service Providers: _____

Time spent in regular education class each day: _____

Time spent in special education class each day: _____

Referred By: _____ Relationship to Student: _____

Current Writing Ability (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Holds pencil, but does not write | <input type="checkbox"/> Pretends to write |
| <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 |

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: | |

Current Keyboarding Ability (Check all that apply.)

- Does not currently type
- Types slowly, with one finger
- Accidentally hits unwanted keys
- Requires arm or wrist support to type
- Uses mini keyboard to reduce fatigue
- Uses Touch Screen
- Uses access software
- Uses adapted or alternate keyboard
- Other:
- Activates desired key on command
- Types slowly, with more than one finger
- Performs 10 finger typing
- Accesses keyboard with head or mouth stick
- Uses switch to access computer
- Uses alternative keyboard
- Uses Morse code to access computer

Computer Use (Check all that apply.)

- Has never used a computer
- Uses computer for games
- Uses computer's spell checker
- Uses computer for a variety of purposes, such as _____
- Has potential to use computer but has not used a computer because _____
- Uses computer at school
- Uses computer for word processing

Computer Availability and Use (Check all that apply.)

The student has access to the following computer(s)

- PC
- Desktop
- Tablet
- Laptop
- Other

Location:

The student uses a computer

- Rarely
- Daily for one or more subjects or periods
- Frequently
- Every day, all day

Summary of Student's Abilities and Concerns Related to Writing

JEFFERSON PARISH PUBLIC SCHOOL SYSTEM

**ASSISTIVE TECHNOLOGY OBSERVATION
READING CONCERNS**

Date: _____

Student: _____ School: _____

DOB: _____ Age: _____ Grade: _____ Gender: _____

Parent(s): _____ Phone: _____

Address: _____

Exceptionality: _____ Teacher: _____

Related Service Providers: _____

Time spent in regular education class each day: _____

Time spent in special education class each day: _____

Referred By: _____ Relationship to Student: _____

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 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
- When asked to spell a word, gets first consonant correct, but not the rest of the word
- Demonstrates sound manipulation skills including:
 - Reads initial and final sounds in words
 - Reads 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

Student’s Performance Is Improved by the Following: (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Smaller amount of text on page | <input type="checkbox"/> Enlarged print |
| <input type="checkbox"/> Word wall to refer to | <input type="checkbox"/> Pre-teaching concepts |
| <input type="checkbox"/> Graphics to communicate ideas | <input type="checkbox"/> Text rewritten at lower reading level |
| <input type="checkbox"/> Bold type for main ideas | <input type="checkbox"/> Reduced length of assignment |
| <input type="checkbox"/> Additional time | <input type="checkbox"/> Color overlay (List color: _____) |
| <input type="checkbox"/> Spoken text to accompany print | <input type="checkbox"/> Being placed where there are few distractions |
| <input type="checkbox"/> Other | |

Reading Assistance Used

Describe the non-technology-based strategies and accommodations that have been used with this student.

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
- Handheld scanner to pronounce difficult words or phrases
- Computer with text-to-speech software to do the following:

<input type="checkbox"/> Speak single words	<input type="checkbox"/> Speak sentences	<input type="checkbox"/> Speak paragraphs	<input type="checkbox"/> Speak entire document
---	--	---	--

Explain what seemed to work about any of the above assistive technology that has been tried.

Approximate Age or Grade Level of Reading Skills

Cognitive Ability in General

Significantly below average Below average Average Above average

Difficulty

Student has difficulty decoding the following: (Check all that apply.)

Worksheets Content Textbook Trade Books Tests Websites or other digital text

Student has difficulty comprehending the following: (Check all that apply.)

Worksheets Content Textbooks Trade Books Test Websites or other digital text

Computer Availability and Use

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

PC

Macintosh

Frequency of Computer Use

The student uses a computer:

Rarely Frequently Daily for one or more subjects or periods

Daily, most of the day

Summary of Student’s Abilities and Concerns Related to Reading

SECTION 5

REFERENCES

REFERENCES

Georgia Project for Assistive Technology (2003). "Assistive Technology Resources: Assistive Technology Consideration, Assistive Technology Assessment, Assistive Technology Devices, Assistive Technology Implementation." Available online, <http://www.gpat.org>.

Louisiana Department of Education (2000). Division of Special Populations. "A Framework for Conducting Assistive Technology Consideration, Screening and Assessment."

Wisconsin Assistive Technology Initiative (1998). Available online, <http://www.wati.org>.

SECTION 6

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