

Hancock County Schools Assistive Technology Checklist

Writing

Mechanics of Writing

- Regular pencil/pen
- Pencil/pen with adaptive grip
- Adapted paper (raised line, highlighted lines)
- Slantboard
- Use of prewritten words/phrases
- Portable word processor to keyboard instead of write
- Computer with word processing software
- Portable scanner with word processing software
- Voice recognition software to word process
- Other: _____

Computer Access

- Keyboard w/accessibility options
- Word prediction, abbreviation/expansion to reduce keystrokes
- Keyguard
- Arm support
- Track ball/track pad/joystick w/on-screen keyboard
- Alternate Keyboard
- Mouth stick/Head mouse w/onscreen keyboard
- Switch with Morse Code
- Switch with scanning
- Voice recognition software
- Touch window
- Other: _____

Composing Written Material

- Word cards/word book/word wall
- Pocket dictionary/thesaurus
- Writing templates
- Electronic/talking electronic dictionary thesaurus/spell checker
- Word processing w/spell or grammar checker
- Talking word processor
- Abbreviation/expansion
- Word processing w/writing supports
- Multimedia software
- Voice Recognition software
- Other: _____

Communication

- Communication board/book w/pictures objects/letters words
- Picture symbol system (ex: PECS)
- Eye gaze board/frame
- Simple voice output device
- Voice output device w/levels
- Voice output device w/icons sequencing
- Voice output device w/dynamic display
- Device w/speech synthesis for typing
- Other: _____

Reading, Studying, and Math

Reading

- Standard text
- Predictable books
- Changes in text size, spacing, color, background color
- Book adapted for page turning (page fluffers, 3 ring binder)
- Use of picture/symbols with text
- Talking electronic device/software to pronounce challenging words
- Single word scanners
- Scanner with OCR and talking word processor
- Software to read websites and emails
- Electronic books
- Other: _____

Learning/Studying

- Print or picture schedule
- Low tech aids to find materials (index tabs, color coded folders)
- Highlight text (markers, highlight tape, ruler)
- Recorded material (books on tape, taped lectures w/number coded index)
- Voice output reminders for assignments, steps of task
- Electronic organizers
- Pagers/electronic reminders
- Single word scanners
- Hand-held scanners
- Software for concept development/manipulation of objects--may use alternate input device of switch or touch window
- Software for organization of ideas and studying
- Palm computers
- Other: _____

Math

- Abacus/Math line
- Enlarged math worksheets
- Low tech alternatives for answering
- Math "Smart Chart"
- Money calculator and Coinulator
- Tactile/voice output measuring devices
- Talking watches/clocks
- Calculator/calculator w/print out
- Calculator w/large keys and/or large display
- Talking calculator
- Calculator w/special features (fraction translation)
- On-screen/scanning calculator
- Alternative Keyboard (IntelliKeys)
- Software w/cueing for math computation (may use w/ adapted input methods)
- Voice recognition software
- Other: _____

Positioning Access and Mobility

Positioning and seating:

- Crawling Assists
- Sitting Equip.: Bolster, rolled towel, blocks for feet
- Floor Positioners
- Non-slip surface on chair to prevent slipping
- Adapted/alternate chair, sidelyer, stander
- Custom fitted wheelchair or insert
- Other: _____

Mobility:

- Walker
- Grab bars and rails
- Manual wheelchair including sports chair
- Powered mobility toy
- Powered scooter or cart
- Powered wheelchair w/joystick or other control
- Adapted vehicle for driving
- Other: _____

Listening and Hearing

- Personal FM units
- Classroom FM Devices
- Hearing Aids
- 3-D Loop systems
- Cochlear implant
- Signaling devices (lights, vibrating pagers)
- Closed caption device (TTY/TTD)
- Vibro-tactile aids
- Other: _____

Input Devices:

- Keyboards
- Pointers
- Voice-Activated Switches
- Eye-Motion Switches
- Touch Switches
- Macro Switches
- Other: _____

Activities of Daily Living (ADLS):

- Non slip materials to hold things in place
- Universal cuff/strap to hold items in hand
- Color coded items for easier locating and identifying
- Adaptive eating utensils (foam handles, deep sides)
- Adaptive drinking devices (cup with cut-out rim)
- Adaptive dressing equipment (button hook, elastic shoe laces, Velcro instead of buttons, etc.)
- Adaptive devices for hygiene (adapted toothbrush, raised toilet seat, etc.)
- Adaptive bathing devices
- Adaptive equipment for cooking
- Velcro
- Other: _____

Vision

- Low vision devices
- Braille
- Mountbatten
- Eyeglasses
- Other: _____

Recreation and Leisure

- Toys adapted with Velcro, magnets, handles, etc.
- Toys adapted for single switch operation
- Adapted games
- Adaptive sporting equipment (lighted or beeping ball)
- Universal cuff/strap (to hold crayons, markers, etc.)
- Modified utensils (rubber stamps, brushes, etc.)
- Ergo Rest or other arm support for drawing/painting
- Electronic aids to control/operate TV, VCR, CD player, etc.
- Adapted or electric scissors
- Software
- Completion of art activities
- Games on the computer
- Other computer software
- Other: _____

Interest/Motivators/Reinforcers

- Books _____
- Food _____
- Sensory stimulation _____
- Favorite theme (ex: Garfield) _____
- Objects _____
- Other: _____

Hancock County Schools

Referral for Assistive Technology Evaluation

1. Complete this form
2. Complete Permission to Evaluate Form (#3).
3. Attach copy of IEP.
4. Return to: Special Education Department, Board Office, New Cumberland, WV.

Student Name:	Birthdate:
School:	Grade:
Regular Education Teacher:	Special Education Teacher:
Disability:	Is student being considered for a 504 plan? Yes No

Reason for Referral:

Please check all the boxes under each category that apply for this student.

Type of communication currently used:

- | | | |
|--|--|--|
| <input type="checkbox"/> Voice/speech | <input type="checkbox"/> Eye Gaze | <input type="checkbox"/> Communication Board |
| <input type="checkbox"/> Gestures | <input type="checkbox"/> Touch Cues | <input type="checkbox"/> Tactile Sign |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Picture Symbols | |

Medical Considerations:

- | | | |
|---|---|---|
| <input type="checkbox"/> History of seizures | <input type="checkbox"/> Has multiple health problems | <input type="checkbox"/> Currently taking medication for: _____ |
| <input type="checkbox"/> On medication for seizure control | <input type="checkbox"/> Has frequent ear infections | <input type="checkbox"/> Other (describe briefly): _____ |
| <input type="checkbox"/> Has degenerative medical condition | <input type="checkbox"/> Has known hearing loss | |
| | <input type="checkbox"/> Has digestive problems | |

Assistive Technology currently used:

Please complete attached checklist

What additional adaptations/modifications/devices have been tried? What was the outcome for each (how did it work or why you think it didn't work)?

Are there any behaviors that interfere with student's performance?

Are there significant factors about the student's strengths, learning style (visual, auditory, tactile) , coping strategies, or interest that the team should consider?

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

Check the areas of concern for this student:

- | | | |
|--|---|---|
| <input type="checkbox"/> Mechanics of writing | <input type="checkbox"/> Learning and studying | <input type="checkbox"/> Hearing/listening |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Composing written material | <input type="checkbox"/> Recreation and leisure |
| <input type="checkbox"/> Seating and positioning | <input type="checkbox"/> Communication | <input type="checkbox"/> Activities of Daily Living |
| <input type="checkbox"/> Fine motor related to computer access | <input type="checkbox"/> Math | <input type="checkbox"/> Environmental Control |
| | <input type="checkbox"/> Vision | |

Signature of person completing this form

Title

Telephone #

Best time to contact you

Email address

Date