

Center for Assistive Technology & Inclusive Education Studies (CATIES)
at The College of New Jersey

Information Form for Assistive Technology Evaluation: **Occupational Therapist**

_____ (client's name)

will participate in an assistive technology evaluation at the Center for Assistive Technology & Inclusive Education Studies (CATIES). Your input is very valuable to the evaluation. Please complete and return this form to your school representative. Thank you for your assistance.

Current writing ability (Check all that apply):

- | | |
|--------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Writes with right hand | <input type="checkbox"/> Prints letters |
| <input type="checkbox"/> Writes with left hand | <input type="checkbox"/> Prints words |
| <input type="checkbox"/> Holds regular pencil | <input type="checkbox"/> Writes cursive |
| <input type="checkbox"/> Holds pencil adapted with:
_____ | <input type="checkbox"/> Writes independently and legibly |
| | <input type="checkbox"/> Writing is slow and arduous |
| | <input type="checkbox"/> Writing is limited due to fatigue |

Current keyboarding ability (Check all that apply):

- | | |
|-----------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Does not currently type | <input type="checkbox"/> Types with 10 fingers and correct hand position |
| <input type="checkbox"/> Types with one finger | <input type="checkbox"/> Accidentally hits unwanted keys |
| <input type="checkbox"/> Types with several fingers | <input type="checkbox"/> Uses adapted / alternate keyboard (please specify):
_____ |
| <input type="checkbox"/> Uses one hand | |
| <input type="checkbox"/> Uses two hands | |

Summary of student's abilities and concerns related to writing and keyboarding:

Current fine motor abilities: Student has voluntary, isolated, controlled movements using

(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: _____ | | |

Which fine motor ability would you identify as the student's strength?

Range of motion: Student has specific limitations to range:

- Yes No

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

Reflexes and muscle tone: Student has abnormal reflexes or abnormal muscle tone:

- Yes No

Describe briefly any abnormal reflex patterns or patters of low or high muscle tone which 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 (e.g. shoe tying, self-feeding, or buttoning a shirt)

Fatigue: Student fatigues easily:

Yes No

Describe how easily the student becomes fatigued:

The following computers are available during occupational therapy:

- None
- Mac laptop/desktop
- Windows
- iPad
- Android tablet/Chromebook

During occupational therapy, the student uses a computer:

Never Rarely Sometimes Frequently Always

How do you think assistive technology may help this child? Check a maximum of 3.

- | | |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Practice academic skills | <input type="checkbox"/> Assist with spelling |
| <input type="checkbox"/> Provide access to computers | <input type="checkbox"/> Assist with organization of school work |
| <input type="checkbox"/> Increase reading comprehension | <input type="checkbox"/> Enable him / her to take tests and demonstrate what he / she knows |
| <input type="checkbox"/> Provide an efficient means of notetaking | <input type="checkbox"/> Provide access to the Internet/leisure |
| <input type="checkbox"/> Increase the speed of his/her typing | <input type="checkbox"/> Provide activities for recreation/leisure |
| <input type="checkbox"/> Improve the quality of written composition | |

Name of person completing form: _____

Signature: _____

Date: _____

School / Program: _____