

Information Form for Assistive Technology Evaluation: Special Education Teacher

_____ (client's name)

will participate in an assistive technology evaluation conducted by 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.

General cognitive ability:

- | | |
|--|--|
| <input type="checkbox"/> Severe cognitive disability | <input type="checkbox"/> Average |
| <input type="checkbox"/> Moderate cognitive impairment | <input type="checkbox"/> Above average |
| <input type="checkbox"/> Mild cognitive impairment | |

READING

Grade level: Student is placed in grade _____. Student reads at _____ grade level.

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

- | | |
|--|---|
| <input type="checkbox"/> Words | <input type="checkbox"/> Subject area textbooks |
| <input type="checkbox"/> Worksheets | <input type="checkbox"/> Tests |
| <input type="checkbox"/> Reading textbooks | |

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

- | | |
|--|---|
| <input type="checkbox"/> Words | <input type="checkbox"/> Subject area textbooks |
| <input type="checkbox"/> Worksheets | <input type="checkbox"/> Tests |
| <input type="checkbox"/> Reading textbooks | |

Student's reading performance is improved by (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Small amount of text on page | <input type="checkbox"/> Computer with speech output |
| <input type="checkbox"/> Lower reading level | <input type="checkbox"/> Enlarged print |
| <input type="checkbox"/> Bold type for main ideas | <input type="checkbox"/> Graphics to communicate ideas |
| <input type="checkbox"/> Spoken text to accompany print | <input type="checkbox"/> Reduced length of assignments |
| <input type="checkbox"/> Masking | <input type="checkbox"/> Other: _____ |

Reading assistance:

Please describe the reading strategies and accommodations that have been effective with this student:

Summary of student's abilities and concerns related to reading: _____

WRITING

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/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:

COMPUTER USE

Computer availability in the classroom:

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

Student uses computer:

- Rarely
- Frequently
- Daily for one subject/period
- Daily for \geq two subjects

Student uses classroom computer for:

- | | |
|---|--|
| <input type="checkbox"/> Games | <input type="checkbox"/> Composing writing assignments |
| <input type="checkbox"/> Practicing academic skills | <input type="checkbox"/> Drawing / creativity |
| <input type="checkbox"/> Word processing | <input type="checkbox"/> Other: _____ |

Please list the child's strengths, learning style, interests, and any other significant factors that should be considered:

Name of person completing form: _____

Signature: _____

Date: _____

School/Program: _____