

Referral/Question Identification Guide

Student's Particulars

Student's Name		Date Of Birth		Age	
School				Grade	
School Contact Person				Phone	
Person Completing Guide				Guide Completion Date	
Parent(s) Name				Parent(s) Phone	
Address					
Student's Primary Language				Family's Primary Language	

Disability

- ☐ Speech/Language
- ☐ Significant Development Delay
- ☐ Specific Learning Disability
- ☐ Cognitive Disability
- ☐ Other Health Impairment
- ☐ Hearing Impairment

Current Age Group

- ☐ Birth to Three
- ☐ Early Childhood
- ☐ Elementary

Classroom Setting

- ☐ Regular Education Classroom
- ☐ Resource Room
- ☐ Self-contained

Current Service Providers

- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Speech Language
- ☐ Other:

Medical Considerations (Check all that apply.)

- ☐ History of seizures
- ☐ Fatigues easily
- ☐ Has degenerative medical condition
- ☐ Has frequent pain
- ☐ Has multiple health problems
- ☐ Has frequent upper respiratory infections
- ☐ Has frequent ear infections
- ☐ Has digestive problems

☐ Has allergies to:

☐ Currently taking medication for:

☐ Other – Describe briefly:

Other Issues of Concern

Assistive Technology Currently Used (Check all that apply.)

- ☐ None
- ☐ Low Tech Writing Aids
- ☐ Manual Communication Board
- ☐ Augmentative Communication System
- ☐ Low Tech Vision Aids
- ☐ Amplification System
- ☐ Environmental Control Unit/EADL
- ☐ Manual Wheelchair
- ☐ Power Wheelchair
- ☐ Voice Recognition

Assistive Technology Tried

Assistive Technology	Number of Trial(s)	Dates of Trial(s)	Outcome

REFERRAL QUESTION

What task(s) does the student need to do that is currently difficult or impossible, and for which assistive technology may be an option?

Based on the referral question, select the sections of the Student Information Guide to be completed. (Check all that apply.)

- ☒ Section 1 Fine Motor Related to Computer or Device Access
- ☒ Section 8 Recreation and Leisure
- ☒ Section 2 Motor Aspects of Writing
- ☒ Section 9 Seating and Positioning
- ☒ Section 3 Composing Written Material
- ☒ Section 10 Mobility
- ☒ Section 4 Communication
- ☒ Section 11 Vision
- ☒ Section 5 Reading
- ☒ Section 12 Hearing
- ☒ Section 6 Learning and Studying
- ☐ Section 13 General

Section 1: Fine Motor Related to Computer or Device Access

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.)

- ☐ Left hand
- ☐ Right hand
- ☐ Eye(s)
- ☐ Left arm
- ☐ Right arm
- ☐ Head
- ☐ Left leg
- ☐ Right leg
- ☐ Mouth
- ☐ Left foot
- ☐ Right foot
- ☐ Tongue

Describe briefly the activities/situations observed

Range of Motion

- ☐ Student has specific limitations to range

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

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

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

Fatigue

☐ Student fatigues easily

Describe how easily the student becomes fatigued.

Assisted Direct Selection

- ☐ Keyguard
- ☐ Head pointer/head stick
- ☐ Pointers, hand grips, splints etc.
- ☐ Light beam/laser

☐ Other:

Describe which seemed to work the best and why

Size of Grid Student Is Able to Access

What is the smallest square the student can accurately access?

What is the optimal size grid?

Size of square	Number of squares across	Number of squares down

Scanning

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

☐ Step☐ Automatic☐ Inverse

☐ Other

Preferred control site (body site)

Other possible control sites

Type of Switch

- ☐ Touch (jellybean)
- ☐ Light touch
- ☐ Wobble
- ☐ Rocker
- ☐ Joystick
- ☐ Lever
- ☐ Head switch
- ☐ Mercury (tilt)
- ☐ Arm slot
- ☐ Eye brow
- ☐ Tongue
- ☐ Sip/puff

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

Section 2: Motor Aspects of Writing

Current Writing Ability (Check all that apply.)

☐ Holds pencil, but does not write

☐ Scribbles with a few recognizable letters

☐

Uses pencil adapted with:

☐ Copies from book (near point)

☐ Prints a few words

☐ Prints name

☐ Writes cursive

☐ Writing is limited due to fatigue

☐ Writing is slow and arduous

☐ Pretend writes

☐ Uses regular pencil

☐ Copies simple shapes

☐ Copies from board (far point)

☐ Writes on 1" lines

☐ Writes on narrow lines

☐ Uses space correctly

☐ Sizes writing to fit spaces

☐ Writes independently and legibly

Assistive Technology Used (Check all that apply.)

☐ Paper with heavier lines

☐ Special pencil or marker

☐ Computer

☐

☐ Paper with raised lines

☐ Splint or pencil holder

☐ Pencil grip

☐ Typewriter

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 Window

☐ Uses access software

☐

☐ 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

Uses adapted or alternate keyboard, such as:

Other:

Computer Use (Check all that apply.)

☐ Has never used a computer

☐ Uses computer for games

☐ Uses computer’s spell checker

☐

☐ Uses computer at school

☐ Uses computer for word processing

☐ Uses computer at home

Uses computer for a variety of purposes, such as:

☐ Has potential to use computer but has not used a computer because

Computer Availability and Use

☐ PC

☐ Desktop

☐

☐ Macintosh

☐ Laptop

Other:

Location:

The student uses a computer

Summary of Student’s Abilities and Concerns Related to Writing

Section 3: Composing Written Material

Typical of Student’s Present Writing (Check all that apply.)

☐ Short words

☐ Sentences

☐ Multi-paragraph reports

☐ Short phrases

☐ Paragraphs of 2-5 sentences

☐ Complex phrases

☐ Longer paragraphs

☐

Other:

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

☐ Answering questions

☐ Generating ideas

☐ Getting started on a sentence or story

☐ Working w/peers to generate ideas and information

☐ Adding information to a topic

☐ Planning content

☐ Sequencing information

☐ Using a variety of vocabulary

☐ Integrating information from two or more sources

☐ Summarizing 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

☐ Webbing/concept mapping

☐ Preset choices or plot twists

☐ Outlines

☐ Templates to provide the format or structure (both paper and electronic)

☐

Other:

Aids/Assistive Technology for Composing Written Materials Utilized by Student

☐ Word cards

☐ Word book

☐ Word wall/word lists

☐ Prewritten words on cards or labels

☐ Dictionary

☐ 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:

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

Section 4: Communication

Student’s Present Means of Communication

☐ Changes in breathing patterns

☐ Body position changes

☐ Eye-gaze/eye movement

☐ Facial expressions

☐ Gestures

☐ Pointing

☐ Sign language approximations

☐ **Sign language**

Type

signs

combinations

signs in a combination

☐

Vocalizations, list examples:

☐

Vowels, vowel combinations, list examples:

☐

Single words, list examples & approx. #:

☐ Reliable no

☐ 2-word utterances

☐ Semi intelligible speech, estimate % intelligible:

☐ Reliable yes

☐ 3-word utterances

☐ 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 best descriptor.)

	Most of the time	Part of the time	Rarely	Not Applicable
Strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers/therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Current Level of Receptive Language

Age approximation

☐ If formal tests used, name and scores

name

score

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

Current Level of Expressive Language

Age approximation

☐ If formal tests used, name and scores

name

score

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



Communication Interaction Skills

Desires to communicate

- 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?

	Always	Frequently	Occasionally	Seldom	Never
Turns toward speaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aware of listener’s attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds to communication interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requests clarification from communication partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repairs communication breakdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires frequent verbal prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires frequent physical prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains communication exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

☐ Drops or throws things frequently

☐ Needs device w/large number of words and phrases

☐

☐ Uses wheelchair

☐ Needs digitized (human) speech

☐ Carries device under 2 pounds

☐ Other:

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

Object/picture recognition

Symbol recognition (tactile, Mayer-Johnson, Rebus, etc.)

Auditory discrimination of sounds

Auditory discrimination of words, phrases

Selecting initial letter of word

Following simple directions

Sight word recognition

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

Is a specific type (brand) of symbols or pictures preferred?

What size symbols or pictures are preferred?

What line thickness of symbols is preferred? (inch)

Does student seem to do better with black on white, or 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

Section 5: Reading

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

☐ Initial and final sounds in words

☐ 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 (Check all that apply.)

- ☐ Smaller amount of text on page
- ☐ Word wall to refer to
- ☐ Graphics to communicate ideas
- ☐ Bold type for main ideas
- ☐ Additional time
- ☐ Spoken text to accompany print
- ☐ Enlarged print
- ☐ Pre-teaching concepts
- ☐ Text rewritten at lower reading level
- ☐ Reduced length of assignment
- ☐ Being placed where there are few distractions
- ☐

Color overlay list color:
- ☐

Other:

Reading Assistance Used

Please 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
- ☐ Hand held scanner to pronounce difficult words or phrases

☐ **Computer with text to speech software to**

☐ Speak single words ☐ Speak sentences ☐ Speak paragraphs ☐ Read 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 in the following.

Worksheets		Reading Textbook	
Subject Area Textbooks		Tests	

Computer Availability and Use

The student has access to the following computer(s)

☐ PC

☐ Macintosh

The Student Uses a Computer:

☐ Rarely

☐ Frequently

☐ Daily for one or more subjects or periods

☐ Every day, most of the day

Summary of Student’s Abilities and Concerns Related to Reading

Section 6: Learning and Studying

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

☐ Hand held scanner to read words or phrases

☐ Software for manipulation of objects/concept development

☐ Software for organization of ideas and studying

☐ Palm 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

Section 8: Recreation and Leisure

☐ Understanding cause and effect

☐ Understanding turn taking

☐ Handing/manipulating objects

☐ Throwing/catching objects

☐ Understanding rules

☐ Waiting for his/her turn

☐ Following simple directions

☐ Following complex directions

☐ Communicating with others

☐ Hearing others

☐ Seeing equipment or materials

☐ Operating TV, VCR, etc.

☐ Operating computer

☐

Other:

Activities Student Especially Enjoys

Adaptations Tried to Enhance Participation in Recreation and Leisure

How did they help?

Assistive Technology Tried

☐ Toys adapted with Velcro®, magnets, handles etc.

☐ Toys adapted for single switch operation

☐ Adaptive sporting equipment, such as lighted or beeping ball

☐ Universal cuff or strap to hold crayons, markers, etc.

☐ Modified utensils, e.g. rubber stamps, rollers, brushes

☐ Ergo Rest or other arm support

☐ Electronic aids to control/operate TV, VCR, CD player, etc.

☐ Software to complete art activities

☐ Other computer software

☐ Games on the computer

☐

Other:

Summary of Student’s Abilities and Concerns in the Area of Recreation and Leisure

Section 9: Seating and Positioning

Current Seating and Positioning of Student (Check all that apply.)

- ☐ Sits in regular chair w/ feet on floor
- ☐ Sits in regular chair w/ pelvic belt or foot rest
- ☐ Sits in adapted chair
- ☐ Sits in seat with adaptive cushion that allows needed movement
- ☐ Sits in wheelchair part of day
- ☐ Sits comfortably in wheelchair most of day
- ☐ Wheelchair in process of being adapted to fit
- ☐ Spends part of day out of chair due to prescribed positions
- ☐ Spends part of day out of chair due to discomfort
- ☐ Enjoys many positions throughout the day, based on activity
- ☐ Has few opportunities for other positions
- ☐ Uses regular desk
- ☐ Uses desk with height adjusted
- ☐ Uses tray on wheelchair for desktop
- ☐ Uses adapted table

Description of Seating

- ☐ Seating provides trunk stability
- ☐ Seating allows feet to be on floor or foot rest
- ☐ Seating facilitates readiness to perform task
- ☐ There are questions or concerns about the student's seating

☐ Student dislikes some positions



- ☐ Student has difficulty using table or desk
- ☐ There are concerns or questions about current wheelchair.

Student has difficulty achieving and maintaining head control, best position for head control is

Number of minutes student can maintain head control in this position

Summary of Student’s Abilities and Concerns Related to Seating and Positioning

Section 10: Mobility

Mobility (Check all that apply.)

- ☐ Crawls, rolls, or creeps independently
- ☐ Is pushed in manual wheelchair
- ☐ Uses wheelchair for long distances only
- ☐ Uses manual wheelchair independently
- ☐ Is learning to use power wheelchair
- ☐ Uses power wheelchair
- ☐ Needs help to transfer in and out of wheelchair
- ☐ Transfers independently
- ☐ Has difficulty walking
- ☐ Walks with assistance
- ☐ Has difficulty walking up stairs
- ☐ Has difficulty walking down stairs
- ☐ Needs extra time to reach destination
- ☐ Walks independently
- ☐ Walks with appliance
- ☐ Uses elevator key independently

Concerns About Mobility (Check all that apply.)

- ☐ Student seems extremely tired after walking, requires a long time to recover
- ☐ Student seems to be having more difficulty than in the past
- ☐ Student complains about pain or discomfort
- ☐ Changes in schedule require more time for travel
- ☐ Changes in class location or building are making it more challenging to get around
- ☐ Transition to new school will require consideration of mobility needs

☐

Other:

Summary of Student’s Abilities and Concerns Related to Mobility

Section 11: Vision

A vision specialist should be consulted to complete this section.

Vision Information

Date of Last Vision Report

Report indicates (please address any field loss, vision condition, etc.)

Visual Abilities (Check all that apply.)

☐ Read standard textbook print

☐

Read text if enlarged to (indicate size in inches):	
---	--

☐

Requires specialized lighting such as:	
--	--

☐

Requires materials tilted at a certain angle (indicate angle):	
--	--

☐

Can read using optical aids, list:	
------------------------------------	--

☐

Currently uses the following screen enlargement device:	
---	--

☐

Currently uses the following screen enlargement software:	
---	--

☐

Recognizes letters enlarged to:		pt. type on computer screen
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☐

Recognizes letters enlarged to :	,	pt. type for	,	minutes without eye fatigue.
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☐ **Prefers**

☐ Black letters on white ☐ White on black

Prefers:		(color) on	
----------	--	------------	--

☐ Tilts head when reading

☐ **Uses only one eye:**

☐ Right eye ☐ Left eye

☐

Uses screen reader::	,	pt. type for	,	minutes without eye fatigue.
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☐ Requires recorded material, text to speech, or Braille materials

Alternative Output

☐ Slate and stylus

☐ Talking calculator

☐ Braille calculator

☐ Braille notetaker

☐ Electric Braille

☐ Refreshable Braille display

☐ Tactile images

☐ Screen reader

☐

Braille translation software:	
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Alternative Output

☐ Writes using space correctly

☐ Writes on line

☐ Writes appropriate size

☐ Reads own handwriting

☐ Reads someone else’s writing

☐ Reads hand printing

☐ Reads cursive

☐ Skips letters when copying

☐ Requires bold or raised-line paper

☐ Requires softer lead pencils

☐ Requires colored pencils, pens, or paper

☐ **Requires felt tip pen**

☐ Thin point ☐ Thick point

Section 12: Hearing

A hearing specialist should be consulted to complete this section.

Audiological Information

Date of Last Vision Report			
Right Ear Hearing loss identified		Left Ear Hearing loss identified	
Onset of hearing loss		Etiology	

Unaided Auditory Abilities (Check all that apply.)

☐ **Attends to sounds**

☐ High pitch ☐ Low pitch ☐ Voice ☐ Background noises

Student’s Eye Contact and Attention to Communication

☐ **Check best descriptor**

☐ Poor ☐ Inconsistent ☐ Limited ☐ Good ☐ Excellent

Communication Used by Others

Indicate the form of communication generally used by others in each of the following environments. (Check all that apply.)

		School	Home	Community
<input type="checkbox"/>	Body language			
<input type="checkbox"/>	Tangible symbols			
<input type="checkbox"/>	Gestures			
<input type="checkbox"/>	Speech			
<input type="checkbox"/>	Cued speech			
<input type="checkbox"/>	Picture cues			
<input type="checkbox"/>	Written messages			
<input type="checkbox"/>	Signs and speech together			
<input type="checkbox"/>	Signed English			
<input type="checkbox"/>	Contact (Pidgin) sign language			
<input type="checkbox"/>	American Sign Language (ASL)			

