

WATI Assessment Forms

WATI Assistive Technology Consideration Guide

Student's Name _____ School _____

1. What task is it that we want this student to do, that s/he is unable to do at a level that reflects his/her skills/abilities (writing, reading, communicating, seeing, hearing)? Document by checking each relevant task below. Please leave blank any tasks that are not relevant to the student's IEP.
2. Is the student currently able to complete tasks with special strategies or accommodations? If yes, describe in Column A for each checked task.
3. Is there available assistive technology (either devices, tools, hardware, or software) that could be used to address this task? (If none are known, review WATI's AT Checklist.) If any assistive technology tools are currently being used (or were tried in the past), describe in Column B.
4. Would the use of assistive technology help the student perform this skill more easily or efficiently, in the least restrictive environment, or perform successfully with less personal assistance? If yes, complete Column C.

Task	A. If currently completes task with special strategies / accommodations, describe.	B. If currently completes task with assistive technology tools, describe.	C. Describe new or additional assistive technology to be tried.
<input type="checkbox"/> Motor Aspects of Writing			
<input type="checkbox"/> Computer Access			
<input type="checkbox"/> Composing Written Material			
<input type="checkbox"/> Communication			
<input type="checkbox"/> Reading			
<input type="checkbox"/> Learning/ Studying			

WATI Assessment Forms

Task	A. If currently completes task with special strategies / accommodations, describe.	B. If currently completes task with assistive technology tools, describe.	C. Describe new or additional assistive technology to be tried.
<input type="checkbox"/> Math			
<input type="checkbox"/> Recreation and Leisure			
<input type="checkbox"/> Activities of Daily Living (ADLs)			
<input type="checkbox"/> Mobility			
<input type="checkbox"/> Environmental Control			
<input type="checkbox"/> Positioning and Seating			
<input type="checkbox"/> Vision			
<input type="checkbox"/> Hearing			
<p>5. Are there assistive technology services (more specific evaluation of need for assistive technology, adapting or modifying the assistive technology, technical assistance on its operation or use, or training of student, staff, or family) that this student needs? If yes, describe what will be provided, the initiation and duration.</p> <p>_____</p> <p>_____</p> <p>Persons Present: _____ Date: _____</p>			

W.A.T.I. Assistive Technology Assessment Directions/Procedure Guide

School District/Agency _____ School _____

Student _____ Grade _____

Team Members _____

	Date Completed	Comments
<p>Gathering Information:</p> <p>Step 1: Team Members Gather Information</p> <p>Review existing information regarding child's abilities, difficulties, environment, and tasks. If there is missing information, you will need to gather the information by completing formal tests, completing informal tests, and/or observing the child in various settings. The WATI Student Information Guide and Environmental Observation Guide are used to assist with gathering information. Remember, the team gathering this information should include parents, and if appropriate, the student.</p> <p>Step 2: Schedule Meeting</p> <p>Schedule a meeting with the team. Team includes: parents, student (if appropriate), service providers (e.g. spec. ed. teacher, general ed. teacher, SLP, OT, PT, administrator), and any others directly involved or with required knowledge and expertise.</p> <p>Decision Making:</p> <p>Step 3: Team Completes Problem Identification Portion of AT Planning Guide at the Meeting.</p> <p>(Choose someone to write all topics where everyone participating can see them.)</p> <p>The team should move quickly through:</p> <p>Listing the student's abilities/difficulties related to tasks (5-10 minutes).</p> <p>Listing key aspects of the environment in which the student functions and the student's location and positioning within the environment (5-10 minutes).</p> <p>Identifying the tasks the student needs to be able to do is important because the team cannot generate AT solutions until the tasks are identified (5-10 minutes).</p> <p>(Note: The emphasis in problem identification is identifying tasks the student needs to be able to do and the relationship of the student's abilities/difficulties and characteristics of the environment of the child's performance of the tasks.)</p>		

Step 4: Prioritize the List of Tasks for Solution Generation

Identify critical task for which the team will generate potential solutions. This may require a redefining or reframing of the original referral question, but is necessary so that you hone in on the most critical task

Step 5: Solution Generation

Brainstorm all possible solutions.

Note: The specificity of the solutions will vary depending on the knowledge and experience of the team members; some teams may generate names of specific devices with features that will meet the child's needs, other teams may simply talk about features that are important, e.g. "needs voice output," "needs to be portable," "needs few (or many) messages," "needs input method other than hands," etc. Teams may want to use specific resources to assist with solution generation. These resources include, but are not limited to: the AT Checklist, the ASNAT Manual, the Tool Box in *Computer and Web Resources for People with Disabilities*, *Closing the Gap Resource Directory*, and/or AT Consultant.

Step 6: Solution Selection

Discuss the solutions listed, thinking about which are most effective for the student. It may help to group solutions that can be implemented 1) immediately, 2) in the next few months, and 3) in the future. At this point list names of specific devices, hardware, software, etc. If the team does not know the names of devices, etc., use resources noted in Step 5 or schedule a consultation with a knowledgeable resource person (that is the part of the decision-making that should require the most time. Plan on 20-30 minutes here).

Step 7: Implementation Plan

Develop implementation plan (including trials with equipment) – being sure to assign specific names and dates, and determine meeting date to review progress (follow-up Plan).

Reminder: Steps 3-7 occur in a meeting with all topics written where all participants can see them. Use a flip chart, board or overhead during the meeting, because visual memory is an important supplement to auditory memory. Following the meeting, ensure that someone transfers the information to paper for the child's file for future reference.

Trial Use:**Step 8: Implement Planned Trials****Step 9: Follow Up on Planned Date**

Review trial use. Make any needed decisions about permanent use. Plan for permanent use.

Referral/Question Identification Guide

Student's Name _____ Date of Birth _____ Age _____

School _____ Grade _____

School Contact Person _____ Phone _____

Persons Completing Guide _____

Date _____

Parent(s) Name _____ Phone _____

Address _____

Student's Primary Language _____ Family's Primary Language _____

Disability (Check all that apply.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Significant Developmental Delay | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Cognitive Disability | <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Autism | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Emotional/Behavioral Disability | | |
| <input type="checkbox"/> Orthopedic Impairment – Type _____ | | |

Current Age Group

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Birth to Three | <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Elementary |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> Secondary | |

Classroom Setting

- | | | |
|--|--|---|
| <input type="checkbox"/> Regular Education Classroom | <input type="checkbox"/> Resource Room | <input type="checkbox"/> Self-contained |
| <input type="checkbox"/> Home | <input type="checkbox"/> Other _____ | |

Current Service Providers

- | | | |
|---|---|--|
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Speech Language |
| <input type="checkbox"/> Other(s) _____ | | |

Medical Considerations (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> History of seizures | <input type="checkbox"/> Fatigues easily |
| <input type="checkbox"/> Has degenerative medical condition | <input type="checkbox"/> Has frequent pain |
| <input type="checkbox"/> Has multiple health problems | <input type="checkbox"/> Has frequent upper respiratory infections |
| <input type="checkbox"/> Has frequent ear infections | <input type="checkbox"/> Has digestive problems |
| <input type="checkbox"/> Has allergies to _____ | |
| <input type="checkbox"/> Currently taking medication for _____ | |
| <input type="checkbox"/> Other – Describe briefly _____ | |

Other Issues of Concern _____

Assistive Technology Currently Used (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Low Tech Writing Aids |
| <input type="checkbox"/> Manual Communication Board | <input type="checkbox"/> Augmentative Communication System |
| <input type="checkbox"/> Low Tech Vision Aids | <input type="checkbox"/> Amplification System |
| <input type="checkbox"/> Environmental Control Unit/EADL | <input type="checkbox"/> Manual Wheelchair |
| <input type="checkbox"/> Power Wheelchair | <input type="checkbox"/> Computer – Type (platform)_____ |
| <input type="checkbox"/> Voice Recognition | <input type="checkbox"/> Word Prediction |
| <input type="checkbox"/> Adaptive Input - Describe_____ | |
| <input type="checkbox"/> Adaptive Output - Describe_____ | |
| <input type="checkbox"/> Other_____ | |

Assistive Technology Tried

Please describe any other assistive technology previously tried, length of trial, and outcome (how did it work or why didn't it work.)

Assistive Technology	Number and Dates of Trial(s)
Outcome	

Assistive Technology	Number and Dates of Trial(s)
Outcome	

Assistive Technology	Number and 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.)

- | | |
|--|--|
| <input type="checkbox"/> Section 1 Fine Motor Related to Computer or Device Access | <input type="checkbox"/> Section 8 Recreation and Leisure |
| <input type="checkbox"/> Section 2 Motor Aspects of Writing | <input type="checkbox"/> Section 9 Seating and Positioning |
| <input type="checkbox"/> Section 3 Composing Written Material | <input type="checkbox"/> Section 10 Mobility |
| <input type="checkbox"/> Section 4 Communication | <input type="checkbox"/> Section 11 Vision |
| <input type="checkbox"/> Section 5 Reading | <input type="checkbox"/> Section 12 Hearing |
| <input type="checkbox"/> Section 6 Learning and Studying | <input type="checkbox"/> Section 13 General |
| <input type="checkbox"/> Section 7 Math | |

WATI Student Information Guide

SECTION 1

Fine Motor Related to Computer (or Device) Access

1. 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 _____

2. Range of Motion

Student has specific limitations to range. ☐ Yes ☐ No

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

3. 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. _____

4. Accuracy

Student has difficulty with accuracy. ☐ Yes ☐ No

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

5. Fatigue

Student fatigues easily. ☐ Yes ☐ No

Describe how easily the student becomes fatigued. _____

6. Assisted Direct Selection

What type of assistance for direct selection has been tried? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Keyguard | <input type="checkbox"/> Head pointer/head stick |
| <input type="checkbox"/> Pointers, hand grips, splints etc. | <input type="checkbox"/> Light beam/laser |

Other: _____

Describe which seemed to work the best and why. _____

7. Size of Grid Student Is Able to Access

What is the smallest square the student can accurately access? ☐ 1" ☐ 2" ☐ 3" ☐ 4"

What is the optimal size grid? Size of square _____

Number of squares across _____

Number of squares down _____

8. Scanning

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

- ☐ No
- ☐ Yes, if yes ☐ Step ☐ Automatic ☐ Inverse ☐ Other _____

Preferred control site (body site) _____

Other possible control sites _____

9. 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 _____

WATI Student Information Guide

SECTION 2

Motor Aspects of Writing

1. Current Writing Ability (Check all that apply.)

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

2. 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 _____ | |

3. Current Keyboarding Ability (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Does not currently type | <input type="checkbox"/> Activates desired key on command |
| <input type="checkbox"/> Types slowly, with one finger | <input type="checkbox"/> Types slowly, with more than one finger |
| <input type="checkbox"/> Accidentally hits unwanted keys | <input type="checkbox"/> Performs 10 finger typing |
| <input type="checkbox"/> Requires arm or wrist support to type | <input type="checkbox"/> Accesses keyboard with head or mouth stick |
| <input type="checkbox"/> Uses mini keyboard to reduce fatigue | <input type="checkbox"/> Uses switch to access computer |
| <input type="checkbox"/> Uses Touch Window | <input type="checkbox"/> Uses alternative keyboard |
| <input type="checkbox"/> Uses access software | <input type="checkbox"/> Uses Morse code to access computer |
| <input type="checkbox"/> Uses adapted or alternate keyboard, such as _____ | |
| <input type="checkbox"/> Other _____ | |

4. Computer Use (Check all that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Has never used a computer | <input type="checkbox"/> Uses computer at school | <input type="checkbox"/> Uses computer at home |
| <input type="checkbox"/> Uses computer for games | <input type="checkbox"/> Uses computer for word processing | |
| <input type="checkbox"/> Uses computer's spell checker | | |
| <input type="checkbox"/> Uses computer for a variety of purposes, such as _____ | | |
| <input type="checkbox"/> Has potential to use computer but has not used a computer because _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

5. Computer Availability and Use

The student has access to the following computer(s)

- ☐ PC ☐ Macintosh ☐ Other _____
☐ Desktop ☐ Laptop

Location: _____

The student uses a computer

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

Summary of Student's Abilities and Concerns Related to Writing _____

WATI Student Information Guide

SECTION 3

Composing Written Material

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Short words | <input type="checkbox"/> Sentences | <input type="checkbox"/> Multi-paragraph reports |
| <input type="checkbox"/> Short phrases | <input type="checkbox"/> Paragraphs of 2-5 sentences | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Complex phrases | <input type="checkbox"/> Longer paragraphs | _____ |

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

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

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

- | | |
|--|--|
| <input type="checkbox"/> Story starters | <input type="checkbox"/> Webbing/concept mapping |
| <input type="checkbox"/> Preset choices or plot twists | <input type="checkbox"/> Outlines |
| <input type="checkbox"/> Templates to provide the format or structure
(both paper and electronic) | <input type="checkbox"/> Other _____ |

4. Aids/Assistive Technology for Composing Written Materials Utilized by Student

(Check all that apply.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Word cards | <input type="checkbox"/> Word book | <input type="checkbox"/> Word wall/word lists |
| <input type="checkbox"/> Prewritten words on cards or labels | | |
| <input type="checkbox"/> Dictionary | <input type="checkbox"/> Electronic dictionary/spell checker | |
| <input type="checkbox"/> Whole words using software or hardware (e.g. IntelliKeys) | | |
| <input type="checkbox"/> Symbol-based software for writing (e.g. Writing with Symbols 2000 or Pix Writer) | | |
| <input type="checkbox"/> Word processing with spell checker/grammar checker | | |
| <input type="checkbox"/> Talking word processing | <input type="checkbox"/> Abbreviation/expansion | |
| <input type="checkbox"/> Word processing with writing support | | |
| <input type="checkbox"/> Multimedia software | <input type="checkbox"/> Voice recognition software | |
| <input type="checkbox"/> Other _____ | | |

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

5. 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

	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"/>
Terminates communication	<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.).

6. 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 w/large number of words and phrases
☐ Other _____

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

- ☐ Yes ☐ No Object/picture recognition
☐ Yes ☐ No Symbol recognition (tactile, Mayer-Johnson, 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

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

- | | |
|--|--|
| <input type="checkbox"/> Maintains fixation on stationary object | <input type="checkbox"/> Looks to right and left without moving head |
| <input type="checkbox"/> Scans line of symbols left to right | <input type="checkbox"/> Scans matrix of symbols in a grid |
| <input type="checkbox"/> Visually recognizes people | <input type="checkbox"/> Visually recognizes common objects |
| <input type="checkbox"/> Visually recognizes photographs | <input type="checkbox"/> Visually recognizes symbols or pictures |
| <input type="checkbox"/> Needs additional space around symbol | <input type="checkbox"/> Visually shifts horizontally |
| <input type="checkbox"/> Visually shifts vertically | <input type="checkbox"/> 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? _____ inches

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 (Use an additional page if necessary) _____

Summary of Student's Abilities and Concerns Related to Communication _____

WATI Student Information Guide

SECTION 5

Reading

1. 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 an 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

2. Student's Performance Is Improved by (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"/> Being placed where there are few distractions |
| <input type="checkbox"/> Spoken text to accompany print | <input type="checkbox"/> Color overlay (List color_____) |
| <input type="checkbox"/> Other_____ | |

3. Reading Assistance Used

Please describe the non-technology based strategies and accommodations that have been used with this student

The following have been tried. (Check all that apply.)

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

☐ Significantly below average ☐ Below average
☐ Average ☐ Above average

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

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

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

- ## 9. The Student Uses a Computer:

- ☐ Rarely ☐ Frequently ☐ Daily for one or more subjects or periods ☐ Every day, most of the day

For the following purposes

WATI Student Information Guide

SECTION 6

Learning and Studying

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

- | | |
|--|---|
| <input type="checkbox"/> Remembering assignments | <input type="checkbox"/> Organizing information/notes |
| <input type="checkbox"/> Remembering steps of tasks or assignments | <input type="checkbox"/> Organizing materials for a report or paper |
| <input type="checkbox"/> Finding place in textbooks | <input type="checkbox"/> Turning in assignments |
| <input type="checkbox"/> Taking notes during lectures | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Reviewing notes from lectures | _____ |

2. 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 _____

3. 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

WATI Student Information Guide

SECTION 7

Math

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

- | | |
|--|--|
| <input type="checkbox"/> Legibly writing numerals | <input type="checkbox"/> Understanding math related language |
| <input type="checkbox"/> Understanding meaning of numbers | <input type="checkbox"/> Understanding place values |
| <input type="checkbox"/> Understanding money concepts | <input type="checkbox"/> Completing simple addition and subtraction |
| <input type="checkbox"/> Completing multiplication and division | <input type="checkbox"/> Completing complex addition and subtraction |
| <input type="checkbox"/> Understanding units of measurement | <input type="checkbox"/> Understanding tables and graphs |
| <input type="checkbox"/> Creating graphs and tables | <input type="checkbox"/> Understanding time concepts |
| <input type="checkbox"/> Understanding fractions | <input type="checkbox"/> Working with fractions |
| <input type="checkbox"/> Converting to mixed numbers | <input type="checkbox"/> Understanding decimals /percents |
| <input type="checkbox"/> Solving story problems | <input type="checkbox"/> Understanding geometry |
| <input type="checkbox"/> Graphing | <input type="checkbox"/> Understanding the use of formulas |
| <input type="checkbox"/> Understanding and use of trigonometry functions | <input type="checkbox"/> Checking work |
| <input type="checkbox"/> Other _____ | |

2. 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"/> Voice output reminders for assignments, steps of task, etc. | <input type="checkbox"/> Electronic organizers |
| <input type="checkbox"/> Pagers/electronic reminders | <input type="checkbox"/> Single word scanners |
| <input type="checkbox"/> Software for manipulation of objects/concept development | <input type="checkbox"/> On screen scanning calculator |
| <input type="checkbox"/> Talking or Braille watch | <input type="checkbox"/> Software for organization of ideas and studying |
| <input type="checkbox"/> Palm computers | |
| <input type="checkbox"/> Other _____ | |

3. Strategies Used

Please describe any strategies that have been used to help. _____

Summary of Student's Abilities and Concerns Related to Math _____

WATI Student Information Guide

SECTION 8

Recreation and Leisure

1. Difficulties Student Experiences Participating in Recreation and Leisure (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Understanding cause and effect | <input type="checkbox"/> Following complex directions |
| <input type="checkbox"/> Understanding turn taking | <input type="checkbox"/> Communicating with others |
| <input type="checkbox"/> Handling/manipulating objects | <input type="checkbox"/> Hearing others |
| <input type="checkbox"/> Throwing/catching objects | <input type="checkbox"/> Seeing equipment or materials |
| <input type="checkbox"/> Understanding rules | <input type="checkbox"/> Operating TV, VCR, etc. |
| <input type="checkbox"/> Waiting for his/her turn | <input type="checkbox"/> Operating computer |
| <input type="checkbox"/> Following simple directions | <input type="checkbox"/> Other _____ |

2. Activities Student Especially Enjoys _____

3. Adaptations Tried to Enhance Participation in Recreation and Leisure _____

How did they help? _____

4. Assistive Technology Tried (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Toys adapted with Velcro [®] , magnets, handles etc. | |
| <input type="checkbox"/> Toys adapted for single switch operation | |
| <input type="checkbox"/> Adaptive sporting equipment, such as lighted or beeping ball | |
| <input type="checkbox"/> Universal cuff or strap to hold crayons, markers, etc. | |
| <input type="checkbox"/> Modified utensils, e.g. rubber stamps, rollers, brushes | |
| <input type="checkbox"/> Ergo Rest or other arm support | |
| <input type="checkbox"/> Electronic aids to control/operate TV, VCR, CD player, etc. | |
| <input type="checkbox"/> Software to complete art activities | <input type="checkbox"/> Games on the computer |
| <input type="checkbox"/> Other computer software | <input type="checkbox"/> Other _____ |

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

WATI Student Information Guide

SECTION 9

Seating and Positioning

1. 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

2. Description of Seating (Check all that apply.)

- ☐ 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, often indicates discomfort in the following positions _____

How is the discomfort communicated? _____

- ☐ 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 _____

Where are their hips? _____

- ☐ Can maintain head control for _____ minutes in this position.

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

WATI Student Information Guide

SECTION 10

Mobility

1. 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

2. 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 _____

WATI Student Information Guide

Section 11 Vision

A vision specialist should be consulted to complete this section.

1. Date of Last Vision Report _____

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

2. 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
- ☐ Recognizes letters enlarged to _____ pt. type for _____ minutes without eye fatigue.
- ☐ Prefers ☐ Black letters on white ☐ White on black ☐ _____ (color) on _____
- ☐ Tilts head when reading
- ☐ Uses only one eye: ☐ Right eye ☐ Left eye
- ☐ Uses screen reader: _____
- ☐ Requires recorded material, text to speech, or Braille materials

3 Alternative Output

Currently uses (Check all that apply.)

- ☐ Slate and stylus
- ☐ Talking calculator
- ☐ Braille calculator
- ☐ Braille notetaker
- ☐ Electric Braille
- ☐ Refreshable Braille display
- ☐ Tactile images
- ☐ Screen reader
- ☐ Braille translation software: _____

WATI Assessment Forms

Level of proficiency (Check the one that most closely describes the student.)

- | | |
|--|--|
| <input type="checkbox"/> Requires frequent physical prompts | <input type="checkbox"/> Requires frequent verbal cues |
| <input type="checkbox"/> Needs only intermittent cues | <input type="checkbox"/> Uses device to complete tasks independently |
| <input type="checkbox"/> Trouble-shoots problems related to device | |

4. Writing/Handwritten Materials (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Writes using space correctly | <input type="checkbox"/> Writes on line |
| <input type="checkbox"/> Writes appropriate size | <input type="checkbox"/> Reads own handwriting |
| <input type="checkbox"/> Reads someone else's writing | <input type="checkbox"/> Reads hand printing |
| <input type="checkbox"/> Reads cursive | <input type="checkbox"/> Skips letters when copying |
| <input type="checkbox"/> Requires bold or raised-line paper | <input type="checkbox"/> Requires softer lead pencils |
| <input type="checkbox"/> Requires colored pencils, pens, or paper | <input type="checkbox"/> Requires felt tip pen <input type="checkbox"/> Thin point <input type="checkbox"/> Thick point |

Summary of Student's Abilities and Concerns Related to Vision_____

WATI Student Information Guide

SECTION 12

Hearing

A hearing specialist should be consulted to complete this section.

1. Audiological Information

Date of last audiological exam _____

Hearing loss identified

Right Ear	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Profound
Left Ear	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Profound

Onset of hearing loss _____ Etiology _____

2. Unaided Auditory Abilities (Check all that apply.)

- | | | | | |
|---|-------------------------------------|------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Attends to sounds | <input type="checkbox"/> High pitch | <input type="checkbox"/> Low pitch | <input type="checkbox"/> Voices | <input type="checkbox"/> Background noises |
| <input type="checkbox"/> Discriminates environmental vs. non-environmental sounds | | | | |
| <input type="checkbox"/> Turns toward sound | | | | |
| <input type="checkbox"/> Hears some speech sounds | | | | |
| <input type="checkbox"/> Understands synthesized speech | | | | |

3. Student's Eye Contact and Attention to Communication (Check best descriptor.)

- | | | | | |
|-------------------------------|---------------------------------------|----------------------------------|-------------------------------|------------------------------------|
| <input type="checkbox"/> Poor | <input type="checkbox"/> Inconsistent | <input type="checkbox"/> Limited | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
|-------------------------------|---------------------------------------|----------------------------------|-------------------------------|------------------------------------|

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

5. Level of Receptive Proficiency in Each Environment

	School	Home	Community
<input type="checkbox"/> Understands single words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Understands short phrases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Understands majority of communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WATI Assessment Forms

6. Student Communicates with Others Using (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Speech | <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Body language |
| <input type="checkbox"/> Signs and speech together | <input type="checkbox"/> Gestures | <input type="checkbox"/> Written messages |
| <input type="checkbox"/> Signed English | <input type="checkbox"/> Picture cues | <input type="checkbox"/> Contact (Pidgin) sign language |
| <input type="checkbox"/> Other _____ | | |

Level of expressive communication:

- | | | |
|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Single words | <input type="checkbox"/> Combination of words | <input type="checkbox"/> Proficient |
|---------------------------------------|---|-------------------------------------|

7. Is There a Discrepancy Between Receptive and Expressive Abilities?

- ☐ Yes ☐ No

If yes, describe further. _____

8. Services Currently Used (Check all that apply)

- | | | | | |
|---|-------------------------------------|--|------------------------------|-------------------------------|
| <input type="checkbox"/> Audiology _____ | <input type="checkbox"/> Note taker | | | |
| <input type="checkbox"/> Educational interpreter using: _____ | <input type="checkbox"/> ASL | <input type="checkbox"/> Transliterating | <input type="checkbox"/> PSE | <input type="checkbox"/> Oral |

9. Equipment Currently Used (Check all that apply.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Hearing aids | <input type="checkbox"/> Cochlear implant | <input type="checkbox"/> Telecaption decoder |
| <input type="checkbox"/> Vibrotactile devices | <input type="checkbox"/> Classroom amplification system | <input type="checkbox"/> TTY/TDD |
| <input type="checkbox"/> FM system | <input type="checkbox"/> Other _____ | |

10. Present Concerns for Communication, Writing, and/or Educational Materials

- | | |
|--|--|
| <input type="checkbox"/> Cannot hear teacher/other students | <input type="checkbox"/> Cannot respond to emergency alarm |
| <input type="checkbox"/> Cannot participate in class discussions | <input type="checkbox"/> Cannot benefit from educational videos/programs |
| <input type="checkbox"/> Displays rec./exp. language delays | <input type="checkbox"/> Cannot use telephone to communicate |

11. Current communication functioning (Check all that apply)

- ☐ Desires to communicate
- ☐ Initiates interaction
- ☐ Responds to communication requests
- ☐ Reads lips
- ☐ Appears frustrated with current communication functioning
- ☐ Requests clarification from communication partners ("Would you please repeat that?")
- ☐ Repairs communication breakdown (Keeps trying, changes message)

12. Current Reading Level _____

Summary of Hearing Abilities and Concerns _____

WATI Student Information Guide

Section 13

General

Are there any behaviors (both positive and negative) that significantly impact the student's performance?

Are there significant factors about the student's strengths, learning style, coping strategies or interests that the team should consider?

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

Does student fatigue easily or experience a change in performance at different times of the day?

Environmental Observation Guide

Student's name: _____

School: _____

Observer: _____

Date of Observation: _____

Type of class: _____

Directions: Complete this Environmental Assessment Checklist before beginning

Describe the environment: Record short responses in the space provided.

Special or general education classroom?	
Specialty classroom (Specify: e.g., P.E., computer lab)	
Therapy room? (Specify)	
Number of teachers in class?	
Number of aides in class?	
Number of volunteers in class?	
Number of students in the class?	
How many days per week is the program?	
How many hours/day?	
Is the atmosphere busy or quiet?	
Are there large open areas or small divided sections?	
How are the desks arranged?	
Is the furniture sized for children?	
Are materials accessible, appropriate, varied, interesting?	
Is special equipment available (i.e., chairs with arm supports)?	
Where is the classroom located in relationship to the cafeteria, therapy, outdoor play areas, etc.?	
Are bathrooms located in or outside the classroom?	

Sensory Stimulation: Judge the level of sensory stimulation and record it with a check in the corresponding box. Enter comments or notes that clarify your responses if needed.

	Excessive	Balanced	Reduced	N/A	Comments
Auditory					
Hallway					
Street					
Other classrooms					
Other students					
Instructional media					
Teacher aides/volunteers					
Other (specify):					

Sensory Stimulation: continued

	Excessive	Balanced	Reduced	Comments
Visual				
Color				
Clutter/busy				
Art/decorations				
Visual information				
Lighting				
Other (specify):				

Persons Present During Observation: For each person on the list, put a check in the appropriate column indicating their level of participation.

Persons	Participating	Observing	Not Present
Student			
Special Educator			
General Educator			
Peer Tutors (How many? _____)			
Instructional Assistant #1			
Instructional Assistant #2			
Instructional Assistant #3			
Personal Attendant			
Speech-Language Pathologist			
Occupational Therapist			
Physical Therapist			
School Psychologist			
Parent			
Volunteer			
Administrator			
AT Specialist			
Other (specify):			

Notes:

Access to Assistive Technology: Record the presence or absence of **EACH TYPE** of assistive technology by placing a check in the corresponding box. Record the AT found in the classroom as a whole, not just the AT used by the target student.

Types	Present-Not Used	Present-Used	Not Present
Communication cards/boards			
Digitally recorded communication devices			
Electronic communication devices			
AT for activities of daily living			
Adjustable seating (not a wheelchair)			
Positioning equipment			
Amplification			
Visual signaling devices			
Braille/brailled materials			
Magnifiers			
Notetaking devices/keyboards			
Speech output devices/computers			
Handwriting aids			
Alternate/adapted keyboards			
Alternate/adapted mouse			
Computer switch interface			
Touch window			
Talking word processor/word prediction/abbreviation & expansion			
Transfer aids - Hoists/lifts			
Mobility aids (not wheelchairs)			
Adapted environment (e.g., doors, fixtures, furniture)			
Electronic equipment for instruction (calculator, e-books)			
Adapted instructional materials			
Instructional software			
Computer stations			
Adapted art/craft materials			
Adapted sports/recreation equipment			
Adapted toys			
Other (specify):			

Environmental Observation Summary

Activity/Task(s) observed:

Ways that typical students participated:

Ways the target student participated:

Barriers to target student's participation:

Adapted from:

Wirkus-Pallaske, M., Reed, P., & Stokes, S. (2000). *Wisconsin Assistive Technology Initiative*. Oshkosh, WI: Wisconsin Assistive Technology Initiative.

Center for Instructional Development and Research. (1998). Classroom observation. *CIDR Teaching and Learning Bulletin*, 1(4), Available online: <http://depts.washington.edu/ObsTools.htm>

Pearson, L. (no date). *Apraxia guide: Classroom observation checklist*. Available online: <http://hometown.aol.com/lynetteprs/myhomepage/profile.html>

WATI Assistive Technology Decision Making Guide

Referral Question _____

PROBLEM IDENTIFICATION

Student's Abilities/Difficulties	Environmental Considerations	Tasks
Writing/Use of Hands Communication Reading/Academics Mobility Vision Hearing Behavior Other	e.g. Classroom Playground Lunch Room Home, etc. In Each: Technology Equipment Available Room Arrangement, Lighting Sound Activities, etc.	e.g. Produce legible written material Produce audible speech Read text Complete math problems Participate in recreation/leisure Move independently in the school environment
		Reframed Question
		i.e. Specific task identified for solution generation
SOLUTION GENERATION	Solution Selection	Implementation Plan
Brainstorming Only No Decision	Discuss & Select Idea from Solution Generation	AT Trials/Services Needed: Date Length Person Responsible
		Follow-Up Plan
		Who & When Set specific date now.

Important: It is intended that you use this as a guide. Each topic should be written in large print where everyone can see them, i.e. on a flip chart or board. Information should then be transferred to paper for distribution, file, and future reference.

WATI Assistive Technology Checklist

COMPUTER ACCESS

- ☐ Keyboard using accessibility options
- ☐ Word prediction, abbreviation/expansion to reduce keystrokes
- ☐ Keyguard
- ☐ Arm support
- ☐ Track ball/track pad/joystick with on-screen keyboard
- ☐ Alternate keyboard
- ☐ Mouth stick/head mouse with on-screen keyboard
- ☐ Switch with Morse code
- ☐ Switch with scanning
- ☐ Voice recognition software
- ☐ Other: _____

WRITING

Motor Aspects of Writing

- ☐ Regular pencil/pen
- ☐ Pencil/pen with adaptive grip
- ☐ Adapted paper (e.g. 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: _____

Composing Written Material

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

COMMUNICATION

- ☐ Communication board/book with pictures/objects/ letters/words
- ☐ Eye gaze board/frame communication system
- ☐ Simple voice output device
- ☐ Voice output device w/levels
- ☐ Voice output device w/icon 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 (e.g. page fluffers, 3-ring binder)
- ☐ Use of pictures/symbols with text
- ☐ Talking electronic device/software to pronounce challenging words
- ☐ Single word scanners
- ☐ Scanner w/OCR and text to speech software
- ☐ Software to read websites and emails
- ☐ Other: _____

Learning/Studying

- ☐ Print or picture schedule
- ☐ Low tech aids to find materials (e.g. index tabs, color coded folders)
- ☐ Highlight text (e.g. markers, highlight tape, ruler, etc.)
- ☐ Recorded material (books on tape, taped lectures with number coded index, etc.)
- ☐ Voice output reminders for assignments, steps of task, etc.
- ☐ Electronic organizers
- ☐ Pagers/electronic reminders
- ☐ Hand-held scanners
- ☐ Software for concept development/manipulation of objects – may use alternate input device, e.g. switch,
- ☐ 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 with printout
- ☐ Calculator with large keys and/or large display
- ☐ Talking calculator
- ☐ Calculator with special features (e.g. fraction translation)
- ☐ On-screen/scanning calculator
- ☐ Alternative keyboard
- ☐ Software with cueing for math computation (may use adapted input methods)
- ☐ Other: _____

RECREATION AND LEISURE

- ☐ Toys adapted with Velcro, magnets, handles, etc.
- ☐ Toys adapted for single switch operation
- ☐ Adaptive sporting equipment (e.g. lighted or beeping ball)
- ☐ Universal cuff/strap to hold crayons, markers, etc.
- ☐ Modified utensils (e.g. rubber stamps, brushes, etc.)
- ☐ Ergo Rest or other arm support for drawing/painting
- ☐ Electronic aids to control/operate TV, VCR, CD player, etc.
- ☐ Software
- ☐ Completion of art activities
- ☐ Games on the computer
- ☐ Other computer software
- ☐ 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 (e.g. foam handles, deep sides)
- ☐ Adaptive drinking devices (e.g. cup with cut-out rim)
- ☐ Adaptive dressing equipment (e.g. button hook, elastic shoelaces, Velcro instead of buttons, etc.)
- ☐ Adaptive devices for hygiene (e.g. adapted toothbrush, raised toilet seat, etc.)
- ☐ Adaptive bathing devices
- ☐ Adaptive equipment for cooking
- ☐ Other: _____

MOBILITY

- ☐ Walker
- ☐ Grab bars and rails
- ☐ Manual wheelchair including sports chair
- ☐ Powered mobility toy (e.g. Cooper Car, GoBot)
- ☐ Powered scooter or cart
- ☐ Powered wheelchair w/ joystick or other control
- ☐ Adapted vehicle for driving
- ☐ Other: _____

POSITIONING AND SEATING

- ☐ Non-slip surface on chair to prevent slipping (e.g. Dycem)
- ☐ Bolster, rolled towel, blocks for feet
- ☐ Adapted/alternate chair, sidelyer, stander
- ☐ Custom fitted wheelchair or insert
- ☐ Other: _____

VISION

- ☐ Eye glasses
- ☐ Optical aids
- ☐ Large print materials
- ☐ Auditory materials
- ☐ Dictation software (voice input)
- ☐ CCTV (closed circuit television)
- ☐ Screen magnifier (mounted over screen)
- ☐ Screen magnification software
- ☐ Screen color contrast
- ☐ Screen reader, text reader
- ☐ Braille notetaker
- ☐ Braille translation software
- ☐ Braille embosser
- ☐ Enlarged or Braille/tactile labels for keyboard
- ☐ Alternate keyboard
- ☐ Other: _____

HEARING

- ☐ Pen and paper
- ☐ Computer/portable word processor
- ☐ TDD for phone access with or without relay
- ☐ Signaling device (e.g. flashing light or vibrating pager)
- ☐ Closed captioning
- ☐ Real Time captioning
- ☐ Computer aided note taking
- ☐ Screen flash for alert signals on computer
- ☐ Phone amplifier
- ☐ Personal amplification system/hearing aid
- ☐ FM or loop system
- ☐ Infrared system
- ☐ Other: _____

COMMENTS

WATI Assistive Technology Trial Use Guide

AT to be tried: _____

Student's Name: _____ DOB: _____ Age: _____
 Meeting Date: _____

School/Agency: _____
 Grade/Placement: _____

Contact Person(s): _____

School/Agency Phone: _____ Address: _____

Persons Completing Guide: _____

Parent(s) Name: _____ Phone: _____

Parent(s) Address: _____

Goal for AT use: _____

ACQUISITION

Source(s)	Person Responsible	Date(s) Available	Date Received	Date Returned

Person primarily responsible to learn to operate this AT: _____

Training

Person(s) to be trained	Training Required	Date Begun	Date Completed

MANAGEMENT/SUPPORT

Location(s)	Support to be provided (e.g. set up, trouble shoot, recharge, program, etc.)	Person Responsible

Student Use

Date	Time Used	Location	Task(s)	Outcome(s)

WATI Assistive Technology Trial Use Summary

Student's Name: _____ Age: _____ Date Completed: _____

Person(s) Completing Summary: _____

Task Being Addressed During Trial _____

Criteria for Success _____

AT Tried	Dates Used	Criteria Met?	Comments (e.g. advantages, disadvantages, preferences, performance)

Recommendations for IEP: _____

The W.A.T.I. Assessment Forms

Assistive Technology

S S E S S M E N T

The WATI Assistive Technology Assessment is a process based, systematic approach to providing a functional evaluation of the student's need for assistive technology in their customary environment.

(Please note: This is not a test protocol. There is no scoring involved.)

List of Forms

WATI Assistive Technology Consideration Guide
WATI Assistive Technology Assessment Directions/Procedure Guide
Referral/Question Identification Guide
WATI Student Information Guide
Environmental Observation Guide
Environmental Observation Summary
WATI Assistive Technology Decision Making Guide
WATI Assistive Technology Assessment Technology Checklist
WATI Assistive Technology Trial Use Guide
WATI Assistive Technology Trial Use Summary