



### III. EDUCATIONAL NEEDS - (check all that apply)

Written Expression	Current Keyboarding Ability	Student's Current Challenges
<input type="checkbox"/> Writing is limited due to fatigue <input type="checkbox"/> Writing is slow and arduous <input type="checkbox"/> Writing is illegible <input type="checkbox"/> Writes independently and legibly	<input type="checkbox"/> Does not currently type <input type="checkbox"/> Types slowly using hunt and peck method <input type="checkbox"/> Accidentally hits unwanted keys <input type="checkbox"/> Uses alternate access to the keyboard	<input type="checkbox"/> Answering Questions <input type="checkbox"/> Generating ideas <input type="checkbox"/> Getting started on a sentence, paragraph, or story <input type="checkbox"/> Sequencing information <input type="checkbox"/> Summarizing information <input type="checkbox"/> Using a variety of vocabulary <input type="checkbox"/> Adding information to a topic
<p>Elaborate Concerns for Written Expression. Be as specific as possible.</p>		

Reading and Study Skills	Student's Current Challenges
Approximate Reading Level _____ Approximate Comprehension Level _____ Student has difficulty reading the following: <input type="checkbox"/> Worksheets <input type="checkbox"/> Leisure Reading <input type="checkbox"/> Study Guides & Notes <input type="checkbox"/> Reading textbooks <input type="checkbox"/> Quizzes & Tests <input type="checkbox"/> Own Handwriting	<input type="checkbox"/> Decoding <input type="checkbox"/> Fluency <input type="checkbox"/> Substitutions <input type="checkbox"/> Comprehension <input type="checkbox"/> Remembering steps of tasks or assignments <input type="checkbox"/> Organizing materials for a report/paper <input type="checkbox"/> Finding place in textbooks <input type="checkbox"/> Turning in assignments
<p>Elaborate Concerns for Reading and Student Skills. Be as specific as possible.</p>	

Communication	Current Communication Methods
<input type="checkbox"/> Changes in breathing patterns <input type="checkbox"/> Body position changes <input type="checkbox"/> Eye-gaze/eye movement <input type="checkbox"/> Facial expressions <input type="checkbox"/> Gestures/Pointing <input type="checkbox"/> Sign language/approximations <input type="checkbox"/> Reliable: Y/N _____ <input type="checkbox"/> Vocalizations _____	<input type="checkbox"/> Single Word <input type="checkbox"/> Communication Board <input type="checkbox"/> Tangibles <input type="checkbox"/> Combination pictures/words <input type="checkbox"/> Intelligible speech <input type="checkbox"/> Writing <input type="checkbox"/> Voice output AC device _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Word Utterance (#) <input type="checkbox"/> Pictures <input type="checkbox"/> Typing <input type="checkbox"/> Approximate Age Level of Receptive Language _____ <input type="checkbox"/> Approximate Age Level of Expressive Language _____ <input type="checkbox"/> Desires to Communicate: Y/N: _____ <input type="checkbox"/> Attempts communication with: _____ <input type="checkbox"/> Has object/tangible recognition <input type="checkbox"/> Has picture recognition <input type="checkbox"/> Has symbol recognition <input type="checkbox"/> Has sight word recognition <input type="checkbox"/> Able to put two symbols or words together to express idea <input type="checkbox"/> Follows directions (select verbal, written, &/or symbolic) <input type="checkbox"/> Has cause and effect <input type="checkbox"/> Has object permanence
<p>Elaborate Concerns for Communication. Be as specific as possible.</p>	

**III. EDUCATIONAL NEEDS - (is currently using)**

Computer Access

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Regular keyboard   | <input type="checkbox"/> Regular computer mouse            | <input type="checkbox"/> Use of mouse stick        | <input type="checkbox"/> Accessibility options, e.g. latching keys |
| <input type="checkbox"/> Enlarged keyboard  | <input type="checkbox"/> Small computer mouse              | <input type="checkbox"/> Use of keyboard           | <input type="checkbox"/> Scanning software                         |
| <input type="checkbox"/> Alternate keyboard | <input type="checkbox"/> Trackball, track pad, or joystick | <input type="checkbox"/> Head tracker/mouse system | <input type="checkbox"/> Voice recognition software                |
| <input type="checkbox"/> Onscreen keyboard  | <input type="checkbox"/> Switches with switch interface    | <input type="checkbox"/> Arm supports              | <input type="checkbox"/> Other _____                               |
- Keyboarding ability is  poor  good  excellent

Elaborate concerns for Computer Access. Be as specific as possible.

Vision

Hearing

Findings from vision report: \_\_\_\_\_

Findings from hearing report: \_\_\_\_\_

- Reads standard textbook print
- Reads test if enlarged to (indicate size): \_\_\_\_\_
- Uses optical guides: \_\_\_\_\_
- Uses screen enlargement device/software: \_\_\_\_\_
- Requires recorded material, text to speech, or Braille Materials

Equipment currently used: \_\_\_\_\_

Challenges with:

- |   |   |
|---|---|
| <input type="checkbox"/> Hearing teacher/other students     | <input type="checkbox"/> Responding to emergency sounds |
| <input type="checkbox"/> Participating in class discussions | <input type="checkbox"/> Listening to videos/programs   |
| <input type="checkbox"/> Receptive language delays          | <input type="checkbox"/> Expressive language delays     |

Additional concerns for Vision and Hearing. Be as specific as possible.

**Assistive Technology Specialist's section to be completed**

What strategies, software, hardware, and tools were discussed?

What strategies, software, hardware, devices, and/or tools were recommended to be implemented or trialed prior to referral?

What data will be collected to show evidence of success or lack of success with the strategies, software, hardware, tools, and/or devices implemented?

How long will software, hardware, devices, strategies, and/or tools be implemented for? Include start and end dates.

Who is the person responsible for implementation of recommendation?

If training is needed, indicate how long, where, and when it will be provided.

**Follow up Plan:**

Request consent for AT or AAC evaluation: Indicate date request for consent was made.

Other:

Additional Comments:

**Please send completed form to school psychologist and a copy to AT Specialist assigned to your school.**

This form has been adopted with minor adaptations from the Henrico County Public Schools, VA.