NET-AT

Northeast Tennessee Assistive Technology Cooperative

East Tennessee State University Box 70548 Johnson City, TN 37614 (423) 439-4161

NET-AT Cooperative

Assistive Technology Team Evaluation

Protocol Packet

SCREENING for Assistive Technology:
To request consultation services, the following information must be submitted:

_____ AT Evaluation Site Information form (pg. 5)

_____ Parent Consent for Assistive Technology Screening form (pg. 6)

_____ Student's AT History Checklist (pgs. 11-21)
_____ *ALL* students (pgs. 11 & 12)
_____ moderate/severe disabilities (pgs. 13-16)
_____ mild disabilities/LD (pgs. 17-21)

REFERRAL for an Assistive Technology Evaluation:
The following information must be <u>completed in full</u> and submitted before an AT evaluation will be scheduled:

_____ AT Evaluation site information (pg. 5)

_____ Initial Referral for AT Evaluation (pg. 7)

_____ Parent Survey (pg. 8)

_____ Parent Consent for Assistive Technology Evaluation form (pg. 9)

_____ General AT History Checklists (pgs. 11 & 12)

_____ Disability specific AT History Checklists (pgs. 13 -21 *where applicable*)

_____ Copy of current IEP with goals and objectives, psychological, and/or current medical forms from physicians (where applicable)

_____ Copy of current assessment tests, or screenings from related services personnel

Additional forms:
The forms (pages 22-24) can be used to supplement an Assistive Technology evaluation. They are not, however, required components of the Protocol Packet and do not need to be sent in with the completed packet information.

_____ Parent Notification of Assistive Technology Evaluation Date (pg. 22)
_____ Assistive Technology Planning Agreement (pg. 23)
_____ Assistive Technology Implementation Log (pg. 24)

Submit all <u>COMPLETED</u> forms and information to:
Marci McMurray
ETSU
HDAL Box 70548
Johnson City, TN 37614

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RESPONSIBILITIES of the Technical Assistance Instructor:

- Pre-Intervention observation (PIO)
- Review of records
- PIO meeting with parents
- During PIO make list of equipment that might be needed for evaluation and ask team leader if they have the equipment
- Contact all team leaders about upcoming evaluations and determine teams for evaluations.
- Send out email to all members of each team
- Send out email to remind team leaders of upcoming 2 month, 6 month, and 1 year follow-up deadlines.

RESPONSIBILITIES of the Team Leader(s):

- Send **Parent's Rights** booklet
- Send **Prior Written Notice**
- Send **Parent Survey**
- Get **Permission to Screen** form signed
- Get **Permission to Test** form signed
- Contact team members for evaluation to verify details of evaluation
- Bring or obtain, (e.g., through NET-AT Lending Library or from other schools/systems) necessary equipment needed for evaluation
- Follow-up on past evaluations

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Assistive Technology
Pre-Intervention Observation
&
Evaluation Process

1. Technical Assistance Instructor receives **completed** screening (Needs Consideration form, AT Evaluation Site Information form, Student's AT History checklist) packet.
2. Technical Assistance Instructor schedules and conducts Pre-Intervention observation.
3. Technical Assistance Instructor receives **completed** referral packet (initial referral, parent permission to test, parent survey, IEP goals and objectives, & copy of current assessment(s).
4. Technical Assistance Instructor sends out a general email for requesting team participants in upcoming evaluation(s).
5. Team Leaders respond to Technical Assistance Instructor's email for evaluation participants.
6. Evaluation team is designated.
7. Technical Assistance Instructor contacts the *Lead Team Leader and give them participating team leader's names and also a list of equipment needed for the upcoming evaluation.
8. Lead Team Leader contacts team leader participants to discuss details of evaluation.
9. Lead team Leader gathers all equipment for upcoming evaluation.
10. AT evaluation takes place.
11. AT evaluation report is written by all participating team members immediately following the evaluation.
12. Lead Team Leader supplies the Team Participants signature form.
13. Lead Team Leader sends a copy of AT evaluation report to the Technical Assistance Instructor.
14. Technical Assistance Instructor sends out reminders to Team Leaders for 2 month, 6 month, and annual follow-up information.
15. Team leaders gather follow-up information and send a copy to the Technical Assistance Instructor.

Lead Team Leader = the team leader representing the school system in which the evaluation will be conducted.

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AT Evaluation Site Information Form
(to be completed with the initial referral)

AT Cooperative Team Leader Information

Name_____

Phone #s wk_____ home_____

e-mail_____

School System Information

School_____ System_____

Contact Person_____

Student's Primary Teacher_____

Phone #_____

Fax # _____

Directions to evaluation site:

Approximate driving time from ETSU:

Do not write below this line. To be completed by the Technical Assistance Instructor.

Pre-Intervention Observation date_____ and time_____

Assistive Technology Evaluation date_____ and time_____

Northeast Tennessee Assistive Technology Cooperative

NET-AT

East Tennessee State University Box 70548 Johnson City, TN 37614 (423) 439-4161

NET-AT Cooperative
Parent Consent for Assistive Technology Screening

Dear Parent,

Your child's teacher would like to consider whether or not assistive technology could be helpful in attaining some of your child's IEP goals. We would like to screen your child in the area of assistive technology to determine if assistive technology is needed or if further evaluation is indicated.

If further evaluation is indicated, we will initiate the referral process, which will include teacher surveys, IEP, current assessments, and a Parent Survey Form that you will be asked to complete.

If you have any questions concerning the screening or referral process, please feel free to contact me at _____. Thank you for your prompt attention to this form.

Sincerely,

_____ NET-AT Cooperative Team Leader

Please check the following and return to me as soon as possible:

_____ I give my permission for an assistive technology screening, and for the referral process to be initiated if indicated.
_____ I do not give my permission for the screening and the referral process to be conducted.

Parent signature _____ Date _____

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Initial Referral for Assistive Technology Evaluation
Initial referral to be completed when AT evaluation is requested

Date_____
Student's Name_____ Grade_____

Educational setting:

☐ Full inclusion   ☐ Resource   ☐ Extended Resource   ☐ Self-Contained   ☐ Homebound

Date of Birth_____ Age_____
School_____ Program_____
Primary Teacher _____ Secondary Teacher_____
System_____ Phone_____ Fax_____
Referred by_____ Title_____
Date of IEP Meeting_____

Primary Disability:

_____Autism	_____Multiple Disabilities
_____Blind	_____Orthopedic Impairment
_____Deaf-Blind	_____Other-Functional Delayed
_____Developmental Delay	_____Other Health Impairments
_____Emotional Disturbance	_____Specific Learning Disability – Describe: _____
_____Hearing Impaired	_____Speech Impairment
_____Intellectually Gifted	_____Traumatic Brain Injury
_____Language Impairment	_____Visual Impairment
_____Mental Retardation	

What is the *primary* reason for this request? Please check all that apply.

_____Communication	_____Functional skills	_____Academic skills	
_____Written Expression	_____Reading	_____Math	
_____Computer Access	_____Handwriting	_____Universal Access	_____Other

Check all that apply and describe specific needs in each area (if any). Use the back of this form to elaborate as needed.

___ Academic
List specific skill(s)_____
Is student on grade level? ___ Yes ___ No (if no, what grade level is student presently working on? ____)
___ Social
Are there specific concerns?_____
Does student interact with people in his/her environment?
___Yes (describe)_____
___No (describe)_____
___ Self-Help/Independence
What skills does student need to perform independently either at school or on the job?

_____
Has job setting been selected in which the student needs assistance?
___Yes___ No
Please describe _____

Assistive Technology Evaluation
Parent Survey

(**Parent Survey** <u>to be completed with the initial referral</u>)

Date:_____
Person completing form:_____ Parent/Guardian _____ Teacher (recording answers for parent/guardian)
Student Name:_____ Date of Birth_____
Parent/Guardian Names(s):_____
Phone (home):_____ (work)_____
Parent/Guardian Email_____
Student's School:_____ Grade_____

Your child's strengths, interests, and motivations:
_____
_____
_____
_____
_____

Do you have any <u>assistive technology related</u> concerns?
_____
_____
_____
_____
_____

Does your child use assistive technology at home? _____ If yes, what?
_____
_____
_____
_____
_____

Has your child used Assistive Technology in the past?   _____ Yes   _____ No
If Yes, Please Describe: _____
_____
Was it effective? Why or Why Not: _____
_____
_____

Which goal(s) on your child's IEP do you think could be supported through the implementation of assistive technology?
_____
_____
_____
_____
_____

NET-AT Cooperative
Parent Consent for Assistive Technology Evaluation

Parent/Guardian _____

On _____ (date), _____ (child's full name) was referred for a comprehensive assessment for determination of eligibility and need of special education services. This referral is based upon a review of current classroom performance, past educational records, and/or screening information. We are requesting permission to assess your child in order to provide additional information to help us plan a more effective educational program. Also, as the parent of a child who may be eligible for special education, the *Rights of children with Disabilities and Parent Responsibility* is being provided for your information.

The reason(s) to request your permission to assess you child is (are):
( ) child is working ( ) above grade level or ( ) below grade level in one or more basic skills
( ) child's behavior is inconsistent with that expected for children of students' age
( ) child's rate of progress has ( ) increased ( ) decreased
( ) child's speech/language skills are inconsistent with those expected for children of student's age

The areas/procedures to be considered for your child's assessment are checked below. The extent of the assessment will depend upon the severity of the problem.

____ 1. Vision/Hearing Screening	____ 9. Audiological Evaluation
____ 2. Classroom Observation	____ 10. Functional Vision Assessment
____ 3. Academic Achievement	____ 11. Personality Assessment
____ 4. Intellectual Functioning	____ 12. Vocational Assessment
____ 5. Speech/Language Skills	__X__ 13. Assistive Technology Assessment
____ 6. Gross/Fine Motor Skills	____ 14. Self Help/Adaptive Behavior
____ 7. Visual/Auditory Skills	____ 15. Functional Behavior Assessment
____ 8. School and/or Home Behaviors	____ 16. Other _____

Please sign this form and return it to the school. Your signature shall not be construed as consent for placement in any special education program. When the assessment has been completed, you will be invited to an IEP team meeting in order to discuss the findings, determine your child's eligibility for special education services and, if needed, plan an appropriate educational program for your child. If you have any information you would like to share pertaining to your child's assessment, please forward it to the person named below or bring it to the meeting.

I HAVE REVIEWED THE ENCLOSED BROCHURE CONCERNING THE RIGHTS OF CHILDREN WITH DISABILITES AND PARENT RESPONSIBILITES. ____ YES   ____ NO

Please check one of the following:
          ____ I give permission for an individual assessment.
          ____ I do not give permission for an individual assessment.
Date: _____   Signature of Parent or Guardian _____
Phone: _____   Address: _____

If you have any questions, you may contact on of the following:
Name   **Department/Position**   **Telephone Number**

_____

_____

School _____   Teacher _____
Date Received from Parent _____   Grade _____

NET-AT Evaluation Participants

The following team members participated in the Assistive Technology Evaluation of

_____ (student).

Name	**Title**	**System**	**Date**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Document to be signed by Assistive Technology Evaluation Team members on the date of the evaluation.

Student's AT History Checklist

Assistive Technology Currently Used:
(**Teacher Survey** to be completed as part of the screening process)

Please describe the assistive technology that has been previously tried, the length of time you tried each, and the outcome (how did it work, or why do you think it didn't work).

Assistive Technology	Length of trial	Outcome
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Next, select the sections that best reflect the areas of concern for this student, and turn to those pages for additional questions.
(Check all that apply)

☐ **Moderate/Severe disabilities**
   pg. 12-16
☐ Physical Access to Technology
   pg. 13

☐ Recreation & Leisure
   pg. 14
☐ Communication
pgs. 15-16
☐ Other _____

☐ **Mild/Learning Disabilities**
   pgs. 17-21
☐ Writing
   pgs. 17-18

☐ Reading
   pgs. 19-20
☐ Study Skills
   pg. 21

Student's AT History Checklist

Mild/Learning Disabilities/Severe/Moderate
(**Teacher Survey** to be completed as part of the screening process & evaluation)

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?

_____
_____
_____

Is student using any of the following Assistive Technology devices?
(Check all that apply)

Devices & Equipment (please list)	Low Tech Tools (please list)	Software (please list)
☐ Augmentative Communication Device (e.g., Tech Talk, Dynavox, etc.)	☐ Writing aids (e.g., pencil grips, note taker, raised line paper, etc.)	☐ Academic (e.g., On a Green Bus, Inspiration, Calcu-scan, etc.)
☐ Computer (e.g., desktop, laptop, home, and school)	☐ Low tech strategies for receptive communication (e.g., picture schedules, etc) ☐	☐ Boardmaker
☐ Portable word processor (e.g., AlphaSmart, Writer, Dana, etc.)	☐ Visual representation system expressive communication (e.g., PECS)	☐ Word prediction (e.g., Co:Writer)
☐ Switches (e.g., Jelly Bean, Big Mack, Buddy Button, etc.)	☐ Instructional adaptations (e.g., guided notes, highlighter, etc.)	☐ Speech generated communication (e.g., Speaking Dynamically Pro, Write Outloud, etc.)
☐ Other (please list all) _____ _____ _____ _____	☐ Other (please list all) _____ _____ _____ _____	☐ Other (please list all) _____ _____ _____ _____

Student's AT History Checklist

Moderate/Severe Disabilities
(**Teacher Survey** to be completed as part of the screening process)

What computer is the student currently using?
- ☐ Macintosh   ☐ PC

The child has used the following devices:
Mark **S** for successfully or **U** for unsuccessfully

- ☐ Standard mouse ___   ☐ Standard keyboard ___

- ☐ Single switch (e.g., Jelly Bean) ___   ☐ Alternative keyboard (e.g., IntelliKeys, Big Keys, etc.) ___

- ☐ Joystick ___   ☐ Touch window (e.g., Magic Screen, Touch Screen, etc.) ___

- ☐ Trackball (e.g., SAM Trackball) ___

- ☐ Other (please specify) _____

The student has tried/used the following **SOFTWARE**:
Please list **all**:

Student was successful	Student was unsuccessful
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list **ALL** assistive technology _**available**_ to the student in the classroom:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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Student's AT History Checklist

Moderate/Severe Disabilities
Physical Access of Technology
(**Teacher Survey** to be completed as part of the screening process)

To better help us plan for collaboration, please fill out the following section of information. Use back form for narratives.

Student can:

- ☐ point with 1-2 fingers
- ☐ cross midline
- ☐ maintain accurate pointing
- ☐ grasp objects

- ☐ point with whole hand
- ☐ maintain switch closure
- ☐ write with a pen/pencil
- ☐ type

Does the student have word processing skills? _____yes _____no If yes, which word processing programs_____
Input device:_____ keyboard _____ switch _____ other
Please specify:

_____

_____

Does the student:

- ☐ Walk Independently
- ☐ Use a wheelchair (___manual ___power)

Moderate/Severe Disabilities
Augmentative Communication
(**Teacher Survey** to be completed as part of the screening process)

Describe, in general, how the student currently communicates. PLEASE include meaningful behaviors in your descriptions.

_____

_____

What objects/events will motivate the student to communicate?

_____

_____

Please indicate ALL forms of communication currently used by the student.
Gestures
- ☐ facial expressions
- ☐ conventional gestures
- ☐ eye gaze
- ☐ whole body gestures
- ☐ gestural "yes/no"

Speech
- ☐ vocalization
- ☐ single words
- ☐ uses connected speech and is understandable
  ____25% ____50% ____75% ____100% of the time
- ☐ spoken "yes/no"
- ☐ short phrases

Manual Communication
- ☐ single pictures
- ☐ sequencing pictures to communicate in sentences/phrases
- ☐ sign language (American Sign Language or Signed Exact English)

Other
- ☐ object cues
- ☐ written text
- ☐ simple choice making
- ☐ electronic device

Identify other communication systems that have been tried.
Mark S for Successfully Mark U for Unsuccessfully
Communication Systems

- ☐ gestural based
- ☐ object board/schedule
- ☐ picture board/book
- ☐ photos
- ☐ colored line drawings (symbols)
- ☐ plain line drawings (Black & White)
- ☐ pictures of manual signs
- ☐ text

List Speech Generated devices used (e.g., Dynavox, Springboard, etc.)

1. _____
2. _____
3. _____

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Moderate/Severe Disabilities
Augmentative Communication *continued*
(**Teacher Survey** to be completed as part of the screening process)

What are the student's potential communication needs? (Please check all that apply)

☐ call attention	☐ answer yes/no questions	☐ give opinions
☐ greet people	☐ signal emergencies	☐ converse
☐ confirm/reject	☐ express emotions	☐ take notes
☐ make simple choices	☐ provide unique information	☐ write papers
☐ clarify speech	☐ repair communication breakdown	☐ Other _____

Who understands student's communication attempts?
(Check best descriptor)

	Most of the time	Part of the time	Rarely	Not Applicable
Strangers	☐	☐	☐	☐
Teachers/therapists	☐	☐	☐	☐
Peers	☐	☐	☐	☐
Siblings	☐	☐	☐	☐
Parent/Guardian	☐	☐	☐	☐

Student's AT History Checklist

(**Teacher Survey** to be completed as part of the screening process)

Current writing ability/mechanics: (Check all that apply)
- ☐ Can hold regular pencil
- ☐ Can hold pencil when adapted with: _____
- ☐ Holds pencil, but does not write
- ☐ Can print a few words
- ☐ Can print name
- ☐ Can write cursive
- ☐ Writing is limited due to fatigue
- ☐ Writing is slow and arduous
- ☐ Can copy simple shapes
- ☐ Can copy simple words
- ☐ Can copy from board
- ☐ Can write on 1" lines
- ☐ Can write on narrow lines
- ☐ Can use spacing correctly
- ☐ Can size writing to fit spaces
- ☐ Can write independently and legibly

Assistive technology used: (Check all that apply)
- ☐ Paper with heavier lines
- ☐ Pencil grip
- ☐ Splint or pencil holder
- ☐ Computer
- ☐ Slant board
- ☐ Paper with raised lines
- ☐ Special pencil or marker
- ☐ Typewriter
- ☐ Portable word processor
- ☐ Other _____

Composing Written Material (check all that apply)
- ☐ Word cards/word book/word wall
- ☐ Talking dictionary/thesaurus/spell checker
- ☐ Talking word processor
- ☐ Voice recognition software
- ☐ Pocket dictionary/thesaurus
- ☐ Word processor w/ word prediction
- ☐ Multimedia software for expression of ideas
- ☐ Other _____

Mild/Learning Disabilities
WRITING *continued*
(**Teacher Survey** to be completed as part of the screening process)

Current keyboarding ability: (Check all that apply)

☐ Does not currently type

☐ Can activate desired key on command

☐ Can type slowly, with one finger

☐ Can type slowly, with more than one finger

☐ Accidentally hits unwanted keys

☐ Can perform 10 finger typing

☐ Uses access software (e.g., on-screen keyboard)

☐ One-handed typing
    ☐ Left
    ☐ Right

☐ Uses adapted or alternate keyboard, such as: _____

☐ Word prediction software (e.g., Co:Writer)

☐ Keyguard

☐ Other: _____

Computer use: (Check all that apply)

What computer is the student currently using?
☐ Macintosh   ☐ PC

☐ Has never used a computer   ☐ Uses computer at school
☐ Uses computer at home   ☐ Uses computer for games
☐ Uses computer for word processing   ☐ Uses computer's spell checker
☐ Uses computer for a variety of purposes, such as:
_____

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

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

_____
_____
_____
_____
_____

Student's AT History Checklist

Mild/Learning Disabilities
READING
(**Teacher Survey** to be completed as part of the screening process)

Grade level: Student is placed in grade:_____. Student reads at _____ grade level.
If formal tests used, list tests and scores:

If formal testing not used, please give an approximate estimate of functioning and explain:

Student has difficulty <u>decoding</u> the following: (Check all that apply.)

☐ Subject area textbooks   ☐ Reading Textbook   ☐ Tests   ☐ Worksheets

Student has difficulty <u>comprehending</u> the following: (Check all that apply)

☐ Subject area textbooks   ☐ Reading Textbook   ☐ Tests   ☐ Worksheets

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

☐ Smaller amount of text on page   ☐ Enlarged text   ☐ Lowered reading level

☐ Graphics to communicate ideas   ☐ Reduced length of assignment   ☐ Bold type for main ideas

☐ Spoken text to accompany print   ☐ Other:_____

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

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Student's AT History Checklist

Mild/Learning Disabilities
READING *continued*
& MATH
(**Teacher Survey** to be completed as part of the screening process)

Reading

Assistive technology used: The following have been tried: (Check all that apply)

- ☐ Highlighter pen or tape
- ☐ Highlighted reading strip
- ☐ Template (used for isolating text and/or lines of text)

- ☐ Tape recorder
- ☐ Recorded text (e.g., books on tape)
- ☐ Electronic Books (e.g., PowerPoint Books, text available via internet, etc.)

- ☐ Books adapted with page turners
- ☐ Use of pictures with text (e.g. Picture It, Writing with Symbols)
- ☐ Changes in Text size, spacing, color, background color
- ☐ Colored Overlay

- ☐ Talking dictionary (e.g. Franklin Speaking Language Master) to pronounce single words

- ☐ Computer with talking word processing software

- ☐ Scanner
- ☐ Other _____

Math

Assistive technology used: The following have been tried: (Check all that apply)

- ☐ Abacus/ Math Line
- ☐ Calculator /calculator with print out

- ☐ Talking calculator
- ☐ Calculator w/ large keys and/or large LCD print out

- ☐ On screen calculator
- ☐ Math Software

- ☐ Tactile/voice output measuring devices (e.g. clock, ruler)
- ☐ Other _____

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Student's AT History Checklist

Mild/Learning Disabilities
STUDY SKILLS
(**Teacher Survey** to be completed as part of the screening process)

☐ Print or picture schedule

☐ Highlight text (e.g. markers, highlight tape, ruler, etc.)

☐ Software for manipulation of objects/concept development (e.g. Blocks in Motion, Toy Store) - may use alternate input device, e.g. switch, touch window

☐ Recorded material (books on tape, taped lectures with number coded index, etc.)

☐ Assignment Book

☐ Low tech aids to find materials (i.e., index tabs, color-coded folders)

☐ Voice output reminders for assignments, steps of task, etc

☐ Software for organization of ideas and studying (e.g. Inspiration, Claris Works Outline, PowerPoint, etc.)

☐ Other
_____

Northeast Tennessee Assistive Technology Cooperative

NET-AT

Parent Notification of Assistive Technology Evaluation Date

Date:_____   Student:_____

To:_____   School: _____

This is to notify you that the Assistive Technology Evaluation is scheduled on_____at
_____:_____ a.m./p.m. The team will arrive approximately _____:_____ a.m./p.m. If there are
unforeseen reasons why the evaluation cannot take place, an alternate time and date will be
determined. Notification of that time will be sent accordingly. If you have any questions or concerns
please call or email your team leader _____ at _____-_____ or email _____
@ _____.

Thank you,

Marci McMurray
NET-AT Cooperative, TAI
423-439-4161
mcmurray@etsu.edu

Assistive Technology Planning Agreement*

Student's Name:_____   AT Implemented at: _____school _____ home

School _____ Class _____

Person completing log: _____   *__Agreement to be completed during IEP meeting.__

Assistive Technology Recommended	Expected Performance Outcome	Person Responsible for Implementing	Expected Begin Date of Implementation

Notes: _____

_____

_____

_____

Assistive Technology Implementation Log

Student's Name: _____   AT Implemented at: _____ school _____ home

School _____ Class _____

Person completing log: _____

Date	Person Implementing Assistive Technology	Assistive Technology Tried		Subject Area	Length/Number of trial(s)	Outcome
		Device (low, mid, high) or Software	Name of device/software			

Notes: _____

_____

_____