

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.)

- Keyboard Head pointer/head stick
- Pointers, hand grips, splints etc. 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.)

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

WATI Assessment Package

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 _____

WATI Student Information Guide

SECTION 4

Communication

1. Student's Present Means of Communication

(Check all that are used. **Circle the primary method** the student uses.)

- Changes in breathing patterns Body position changes Eye-gaze/eye movement
- Facial expressions Gestures Pointing
- Sign language approximations Sign language (Type _____ # signs _____
combinations _____ # signs in a combination _____)
- Vocalizations, list examples _____
- Vowels, vowel combinations, list examples _____
- Single words, list examples & approx. # _____
- Reliable no Reliable yes
- 2-word utterances 3-word utterances
- Semi intelligible speech, estimate % intelligible: _____
- Communication board Tangibles Pictures Combination pictures/words Words
- Voice output AC device (name of device) _____ Intelligible speech
 - Writing Other _____

2. Those Who Understand Student's Communication Attempts (Check best descriptor.)

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

3. Current Level of Receptive Language

Age approximation _____

If formal tests used, name and scores _____

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

4. Current Level of Expressive Language

Age approximation: _____

If formal tests used, name and scores _____

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

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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

WATI Assessment Package

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

WATI Assessment Package

4. Assistive Technology Used

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

- Highlighter, marker, template, or other self-help aid in visual tracking
- Colored overlay to change contrast between text and background
- Tape recorder, taped text, or talking books to “read along” with text
- Talking dictionary or talking spell checker to pronounce single words
- Hand held scanner to pronounce difficult words or phrases
- Computer with text to speech software to
 - Speak single words
 - Speak sentences
 - Speak paragraphs
 - Read entire document

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

5. Approximate Age or Grade Level of Reading Skills_____

6. Cognitive Ability in General

- Significantly below average
- Below average
- Average
- Above average

7. Difficulty

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

- Worksheets
- Reading Textbook
- Subject Area Textbooks
- Tests

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

- Worksheets
- Reading Textbook
- Subject Area Textbooks
- Tests

8. Computer Availability and Use

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

- PC
- Macintosh

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_____

Summary of Student’s Abilities and Concerns Related to Reading

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"/> Handing/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 Package

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.)

- Attends to sounds
- Discriminates environmental vs. non-environmental sounds
- Turns toward sound
- Hears some speech sounds
- Understands synthesized speech
- High pitch
- Low pitch
- Voices
- Background noises

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

- Poor Inconsistent Limited Good 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 Package

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?

Gathering Information about Environments and Tasks

Effective, appropriate decisions about assistive technology can only be made when teams are well informed about the unique characteristics of the environments in which the student spends time and the tasks that are being done in those environments (Zabala, 1994). The Wisconsin Assistive Technology Initiative strongly encourages observing the student in several environments with a specific focus on describing the environment and the activities/tasks in which the target student and other students are engaged. The WATI Environmental Observation Guide is a tool for that purpose.

Consider all customary environments, including the classroom and other school environments, such as the lunchroom, playground, assemblies, etc., the home, and any relevant community sites such as shopping malls, restaurants, church, scouts or other groups. Information to be gathered can be guided by specific questions such as these:

- What equipment and materials are available in each environment?
- Who are the primary people interacting with the student?
- How is instruction or direction delivered?
- What modifications are typically made in various environments?
- What is the student's position and location in room?
- Where are the things the student needs to see, such as chalkboard, overhead, etc.?
- What is the lighting and sound like in the setting?
- How are transitions accomplished? Are there concerns?

Teams may modify or add to these questions, they are provided only as a starting place.

Using the Environmental Observation Guide

The Environmental Observation Guide instructions was developed by the National Assistive Technology Research Institute (2001), modified and used with permission.

The Environmental Observation Guide forms draw the observer's attention to what is going on in the activity and setting. Teams may modify or add to these questions. They are provided only as a starting place.

Prior to the observation:

Clarify the purpose of the observation:

- Record successful assistive technology use in educational environments
- Observe a child using assistive technology in educational environments
- Record characteristics of the educational environments

Select a time and place:

- Review the student's IEP for specifics about the student's AT use
- First preference – Schedule the observation for the place and time indicated in the IEP as to when AT is supposed to be used during the day
- Second preference – If it is not specified in the IEP, talk to teacher to schedule a time and place when the student uses AT the most during the day

- Third preference – If the student uses the AT across the entire day, observe in the setting where he spends the most amount of his instructional day

Meet with the teacher(s), therapists, and assistants to determine:

- What will happen in the class that day; Is it a typical day?
- What the student using assistive technology will be doing that day
- Inform them what you will be doing during the observation

During the observation:

Record observations:

- Complete the environmental assessment checklist
- Record direct student observation field notes
- Record impressions and comments
- Record time markers in the observation notes to determine length of activities
- Participate in the class only if invited to do so

After the observation:

Thank the teacher for allowing you to observe.

If time allows in the teacher's schedule

- Probe for additional information directly related to your observations for clarity
- Share a brief summary of what you saw

Provide the teacher with a copy of the observation summary when completed.

Conduct the teacher interview at a mutually agreed upon time.

The observer's role is to capture what is occurring, not to make decisions or even formal recommendations, that comes later in the decision making part of the assessment process. During the observation(s), the observers are simply gathering information.

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):					