# 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.

<table>
<thead>
<tr>
<th>Task</th>
<th>A. If currently completes task with special strategies / accommodations, describe.</th>
<th>B. If currently completes task with assistive technology tools, describe.</th>
<th>C. Describe new or additional assistive technology to be tried.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor Aspects of Writing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer Access</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Composing Written Material</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning/ Studying</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
WATI Assessment Forms

<table>
<thead>
<tr>
<th>Task</th>
<th>A. If currently completes task with special strategies / accommodations, describe.</th>
<th>B. If currently completes task with assistive technology tools, describe.</th>
<th>C. Describe new or additional assistive technology to be tried.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Math</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Recreation and Leisure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Activities of Daily Living ADLs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Mobility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Environmental Control</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Positioning and Seating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Vision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Hearing</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

Persons Present: ________________________________ Date: ________________
W.A.T.I.  
Assistive Technology Assessment  
Directions/Procedure Guide  

School District/Agency ___________________________ School ___________________________

Student ___________________________ Grade ___________________________

Team Members ___________________________ Date Completed ___________________________

Comments ___________________________

Gathering Information:  

Step 1: Team Members Gather Information  
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.

Step 2: Schedule Meeting  
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.

Decision Making:  

Step 3: Team Completes Problem Identification Portion of AT Planning Guide at the Meeting.  
(Choose someone to write all topics where everyone participating can see them.)

The team should move quickly through:  
Listing the student’s abilities/difficulties related to tasks (5-10 minutes).  
Listing key aspects of the environment in which the student functions and the student’s location and positioning within the environment (5-10 minutes).  
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).

(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.)
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.)

☐ Speech/Language ☐ Significant Developmental Delay ☐ Specific Learning Disability

☐ Cognitive Disability ☐ Other Health Impairment ☐ Hearing Impairment

☐ Traumatic Brain Injury ☐ Autism ☐ Vision Impairment

☐ Emotional/Behavioral Disability

☐ Orthopedic Impairment – Type ___________________________

Current Age Group

☐ Birth to Three ☐ Early Childhood ☐ Elementary

☐ Middle School ☐ Secondary

Classroom Setting

☐ Regular Education Classroom ☐ Resource Room ☐ Self-contained

☐ Home ☐ Other ___________________________

Current Service Providers

☐ Occupational Therapy ☐ Physical Therapy ☐ Speech Language

☐ Other(s) ___________________________

Medical Considerations (Check all that apply.)

☐ History of seizures ☐ Fatigues easily

☐ Has degenerative medical condition ☐ Has frequent pain

☐ Has multiple health problems ☐ Has frequent upper respiratory infections

☐ Has frequent ear infections ☐ Has digestive problems

☐ Has allergies to ___________________________

☐ Currently taking medication for ___________________________

☐ Other – Describe briefly ___________________________

Other Issues of Concern

WATI Assessment Forms Copyright (2004) Wisconsin Assistive Technology Initiative
WATI Assessment Forms

Assistive Technology Currently Used  (Check all that apply.)

☐ None ☐ Low Tech Writing Aids
☐ Manual Communication Board ☐ Augmentative Communication System
☐ Low Tech Vision Aids ☐ Amplification System
☐ Environmental Control Unit/EADL ☐ Manual Wheelchair
☐ Power Wheelchair ☐ Computer – Type (platform)_____________
☐ Voice Recognition ☐ Word Prediction
☐ Adaptive Input - Describe
☐ Adaptive Output - Describe
☐ 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.)

<table>
<thead>
<tr>
<th>Assistive Technology</th>
<th>Number and Dates of Trial(s)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

- Left hand
- Right hand
- Eye(s)
- Left arm
- Right arm
- Head
- Left leg
- Right leg
- Mouth
- Left foot
- Right foot
- Tongue
- Finger(s)
- Eyebrows
- 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.)
☐ Keyguard  ☐ 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.)
   - Holds pencil, but does not write
   - Scribbles with a few recognizable letters
   - Uses pencil adapted with ______________________
   - Copies from book (near point)
   - Prints a few words
   - Copies from board (far point)
   - Prints name
   - Writes cursive
   - Writing is limited due to fatigue
   - Writing is slow and arduous
   - Pretend writes
   - Uses regular pencil
   - Copies simple shapes
   - Copies from board (far point)
   - Writes on 1" lines
   - Writes on narrow lines
   - Uses space correctly
   - Sizes writing to fit spaces
   - Writes independently and legibly

2. Assistive Technology Used  (Check all that apply.)
   - Paper with heavier lines
   - Paper with raised lines
   - Pencil grip
   - Special pencil or marker
   - Splint or pencil holder
   - Typewriter
   - Computer
   - Other ________________________________

3. Current Keyboarding Ability  (Check all that apply.)
   - Does not currently type
   - Types slowly, with one finger
   - Accidentally hits unwanted keys
   - Requires arm or wrist support to type
   - Uses mini keyboard to reduce fatigue
   - Uses Touch Window
   - Uses access software
   - Uses adapted or alternate keyboard, such as________________________________________________
   - Other__________________________
   - Activates desired key on command
   - Types slowly, with more than one finger
   - Performs 10 finger typing
   - Accesses keyboard with head or mouth stick
   - Uses switch to access computer
   - Uses alternative keyboard
   - Uses Morse code to access computer

4. Computer Use  (Check all that apply.)
   - 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________________________
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.)
   - Short words
   - Short phrases
   - Complex phrases
   - Sentences
   - Paragraphs of 2-5 sentences
   - Longer paragraphs
   - Multi-paragraph reports
   - Other _________________

2. Difficulties Currently Experienced by Student (Check all that apply.)
   - Answering questions
   - Getting started on a sentence or story
   - Adding information to a topic
   - Sequencing information
   - Integrating information from two or more sources
   - Relating information to specific topics
   - Determining when to begin a new paragraph
   - Generating ideas
   - Working w/peers to generate ideas and information
   - Planning content
   - Using a variety of vocabulary
   - Summarizing information
   - Other ______________________

3. Strategies for Composing Written Materials Student Currently Utilizes (Check all that apply.)
   - Story starters
   - Preset choices or plot twists
   - Templates to provide the format or structure (both paper and electronic)
   - Webbing/concept mapping
   - Outlines
   - Other ______________________

4. Aids/Assistive Technology for Composing Written Materials Utilized by Student
   (Check all that apply.)
   - Word cards
   - Prewritten words on cards or labels
   - Dictionary
   - Electronic dictionary/spell checker
   - Whole words using software or hardware (e.g. IntelliKeys)
   - Symbol-based software for writing (e.g. Writing with Symbols 2000 or Pix Writer)
   - Word processing with spell checker/grammar checker
   - Talking word processing
   - Word processing with writing support
   - Multimedia software
   - Other
   - Abbreviation/expansion
   - Voice recognition software

Summary of Student’s Abilities and Concerns Related to Computer/Device Access
1. Student’s Present Means of Communication
   (Check all that are used. Circle the primary method the student uses.)

- Changes in breathing patterns
- Facial expressions
- Sign language approximations
- 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.)

<table>
<thead>
<tr>
<th></th>
<th>Most of the time</th>
<th>Part of the time</th>
<th>Rarely</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strangers</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Teachers/therapists</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Peers</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Siblings</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Parent/Guardian</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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. ________________________________________________________________
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

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Frequently</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turns toward speaker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interacts with peers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aware of listener’s attention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiates interaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asks questions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responds to communication interaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requests clarification from communication partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repairs communication breakdown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requires frequent verbal prompts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requires frequent physical prompts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains communication exchange</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Terminates communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.)

- ☐ Maintains fixation on stationary object
- ☐ Scans line of symbols left to right
- ☐ Visually recognizes people
- ☐ Visually recognizes photographs
- ☐ Needs additional space around symbol
- ☐ Visually shifts vertically
- ☐ Looks to right and left without moving head
- ☐ Scans matrix of symbols in a grid
- ☐ Visually recognizes common objects
- ☐ Visually recognizes symbols or pictures
- ☐ Visually shifts horizontally
- ☐ 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 and interest in looking at books independently
   - Associates pictures with spoken words when being read to
   - Realizes text conveys meaning when being read to
   - Recognizes connection between spoken words and specific text when being read to
   - Pretend writes and “reads” what he or she has written, even if scribbles
   - When asked to spell a word, gets first consonant correct, but not the rest of the word
   - Demonstrates sound manipulation skills including:
     - Initial and final sounds in words
     - Initial letter names/sounds
     - Recognizes, names and prints the alphabet (if motor skills are limited, may use alternative means rather than printing to demonstrate knowledge of the alphabet)
     - When asked to spell a word, gets first and last sounds correct
     - Applies phonics rules when attempting to decode printed words
     - Sound blends words
     - Reads and understands words in context
     - Spells words using conventional spelling in situations other than memorized spelling tests
     - Reads and understands sentences
     - Composes sentences using nouns and verbs
     - Reads fluently with expression
     - Reads and understands paragraphs
     - Composes meaningful paragraphs using correct syntax and punctuation

2. Student’s Performance Is Improved by (Check all that apply.)
   - Smaller amount of text on page
   - Enlarged print
   - Word wall to refer to
   - Pre-teaching concepts
   - Graphics to communicate ideas
   - Text rewritten at lower reading level
   - Bold type for main ideas
   - Reduced length of assignment
   - Additional time
   - Being placed where there are few distractions
   - Spoken text to accompany print
   - Color overlay (List color________________)
   - Other_____________________________________

3. Reading Assistance Used
   Please describe the non-technology based strategies and accommodations that have been used with this student
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.)
   - Remembering assignments
   - Remembering steps of tasks or assignments
   - Finding place in textbooks
   - Taking notes during lectures
   - Reviewing notes from lectures
   - Organizing information/notes
   - Organizing materials for a report or paper
   - Turning in assignments
   - Other ____________________________

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

- Legibly writing numerals
- Understanding meaning of numbers
- Understanding money concepts
- Completing multiplication and division
- Understanding units of measurement
- Creating graphs and tables
- Understanding fractions
- Converting to mixed numbers
- Solving story problems
- Graphing
- Understanding and use of trigonometry functions
- Other

2. Assistive Technology Tried

- Abacus
- Math line
- Enlarged math worksheets
- Low-tech alternatives for answering
- Recorded material
- Voice output reminders for assignments, steps of task, etc.
- Pagers/electronic reminders
- Software for manipulation of objects/concept development
- Talking or Braille watch
- Palm computers
- 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 Assessment Forms Copyright (2004) Wisconsin Assistive Technology Initiative 18
WATI Student Information Guide

SECTION 8
Recreation and Leisure

1. Difficulties Student Experiences Participating in Recreation and Leisure  (Check all that apply.)
   - Understanding cause and effect
   - Following complex directions
   - Understanding turn taking
   - Communicating with others
   - Handing/manipulating objects
   - Hearing others
   - Throwing/catching objects
   - Seeing equipment or materials
   - Understanding rules
   - Operating TV, VCR, etc.
   - Waiting for his/her turn
   - Operating computer
   - Following simple directions
   - 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.)
   - Toys adapted with Velcro®, magnets, handles etc.
   - Toys adapted for single switch operation
   - Adaptive sporting equipment, such as lighted or beeping ball
   - Universal cuff or strap to hold crayons, markers, etc.
   - Modified utensils, e.g. rubber stamps, rollers, brushes
   - Ergo Rest or other arm support
   - Electronic aids to control/operate TV, VCR, CD player, etc.
   - Software to complete art activities
   - Games on the computer
   - Other computer software
   - Other ____________________________

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

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 Brailler
☐ Refreshable Braille display
☐ Tactile images
☐ Screen reader
☐ Braille translation software:________________________________________
Level of proficiency (Check the one that most closely describes the student.)

☐ Requires frequent physical prompts  ☐ Requires frequent verbal cues
☐ Needs only intermittent cues  ☐ Uses device to complete tasks independently
☐ Trouble-shoots problems related to device

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

☐ Writes using space correctly  ☐ Writes on line
☐ Writes appropriate size  ☐ Reads own handwriting
☐ Reads someone else’s writing  ☐ Reads hand printing
☐ Reads cursive  ☐ Skips letters when copying
☐ Requires bold or raised-line paper  ☐ Requires softer lead pencils
☐ Requires colored pencils, pens, or paper  ☐ Requires felt tip pen  ☐ Thin point  ☐ Thick point

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

<table>
<thead>
<tr>
<th>Ear</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Profound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Ear</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left Ear</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Onset of hearing loss___________________ Etiology ________________________________

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

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

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.)

<table>
<thead>
<tr>
<th>Environment</th>
<th>School</th>
<th>Home</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body language</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Tangible symbols</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Gestures</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Speech</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cued speech</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Picture cues</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Written messages</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Signs and speech together</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Signed English</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Contact (Pidgin) sign language</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>American Sign Language (ASL)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

5. Level of Receptive Proficiency in Each Environment

(Check the descriptors that apply.)

<table>
<thead>
<tr>
<th>Environment</th>
<th>School</th>
<th>Home</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understands single words</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Understands short phrases</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Understands majority of communications</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
6. Student Communicates with Others Using (Check all that apply)
☐ Speech  ☐ American Sign Language  ☐ Body language
☐ Signs and speech together  ☐ Gestures  ☐ Written messages
☐ Signed English  ☐ Picture cues  ☐ Contact (Pidgin) sign language
☐ Other_____________________

Level of expressive communication:
☐ Single words  ☐ Combination of words  ☐ 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)
☐ Audiology________________________☐ Note taker
☐ Educational interpreter using:_________☐ ASL  ☐ Transliterating  ☐ PSE  ☐ Oral

9. Equipment Currently Used (Check all that apply.)
☐ Hearing aids  ☐ Cochlear implant  ☐ Telecaption decoder
☐ Vibrotactile devices  ☐ Classroom amplification system  ☐ TTY/TDD
☐ FM system  ☐ Other_____________________

10. Present Concerns for Communication, Writing, and/or Educational Materials
☐ Cannot hear teacher/other students  ☐ Cannot respond to emergency alarm
☐ Cannot participate in class discussions  ☐ Cannot benefit from educational videos/programs
☐ Displays rec./exp. language delays  ☐ 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____________________________________
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.

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

**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.

<table>
<thead>
<tr>
<th>Source</th>
<th>Excessive</th>
<th>Balanced</th>
<th>Reduced</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hallway</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other classrooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instructional media</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher aides/volunteers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sensory Stimulation: continued

<table>
<thead>
<tr>
<th></th>
<th>Excessive</th>
<th>Balanced</th>
<th>Reduced</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Color</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clutter/busy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art/decorations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lighting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

**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.

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

<table>
<thead>
<tr>
<th>Activity/Task(s) observed:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Ways that typical students participated:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Ways the target student participated:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Barriers to target student’s participation:</th>
</tr>
</thead>
</table>

Adapted from:
## WATI Assistive Technology Decision Making Guide

### Referral Question

---

## PROBLEM IDENTIFICATION

<table>
<thead>
<tr>
<th>Student’s Abilities/Difficulties</th>
<th>Environmental Considerations</th>
<th>Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Writing/Use of Hands</td>
<td>e.g. Classroom</td>
<td>e.g. Produce legible written material</td>
</tr>
<tr>
<td>Communication</td>
<td>Playground</td>
<td>Produce audible speech</td>
</tr>
<tr>
<td>Reading/Academics</td>
<td>Lunch Room</td>
<td>Read text</td>
</tr>
<tr>
<td>Mobility</td>
<td>Home, etc.</td>
<td>Complete math problems</td>
</tr>
<tr>
<td>Vision</td>
<td>In Each:</td>
<td>Participate in recreation/leisure</td>
</tr>
<tr>
<td>Hearing</td>
<td>Technology Equipment Available</td>
<td>Move independently in the school</td>
</tr>
<tr>
<td>Behavior</td>
<td>Room Arrangement, Lighting</td>
<td>environment</td>
</tr>
<tr>
<td>Other</td>
<td>Sound</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Activities, etc.</td>
<td></td>
</tr>
</tbody>
</table>

**Reframed Question**

i.e. Specific task identified for solution generation

### SOLUTION GENERATION

<table>
<thead>
<tr>
<th>Brainstorming Only</th>
<th>Solution Selection</th>
<th>Implementation Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Decision</td>
<td>Discuss &amp; Select Idea from Solution Generation</td>
<td>AT Trials/Services Needed:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Date</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Length</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Person Responsible</td>
</tr>
</tbody>
</table>

**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.
### COMPUTER ACCESS
- Keyboard using accessibility options
- Word prediction, abbreviation/expansion to reduce keystrokes
- Keypad
- 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

<table>
<thead>
<tr>
<th>Source(s)</th>
<th>Person Responsible</th>
<th>Date(s) Available</th>
<th>Date Received</th>
<th>Date Returned</th>
</tr>
</thead>
</table>

Person primarily responsible to learn to operate this AT: __________________________

Training

<table>
<thead>
<tr>
<th>Person(s) to be trained</th>
<th>Training Required</th>
<th>Date Begun</th>
<th>Date Completed</th>
</tr>
</thead>
</table>
**MANAGEMENT/SUPPORT**

<table>
<thead>
<tr>
<th>Location(s)</th>
<th>Support to be provided (e.g. set up, trouble shoot, recharge, program, etc.)</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student Use**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time Used</th>
<th>Location</th>
<th>Task(s)</th>
<th>Outcome(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
WATI Assistive Technology Trial Use Summary

Student’s Name: ___________________________ Age: ______ Date Completed: ______

Person(s) Completing Summary: ________________________________________________

Task Being Addressed During Trial______________________________________________

Criteria for Success__________________________________________________________

<table>
<thead>
<tr>
<th>AT Tried</th>
<th>Dates Used</th>
<th>Criteria Met?</th>
<th>Comments (e.g. advantages, disadvantages, preferences, performance)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Recommendations for IEP: ________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
The W.A.T.I. Assessment Forms

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