

## Assistive Technology Screening Guide

<b>Name:</b>	<b>Date of birth:</b>	<b>Current Date:</b>
<b>Contact or Location:</b>		
<b>Persons participating in consideration:</b>		

1. Review each area below and mark any areas in which there are concerns about the student's ability to function as independently as possible in that area because of disabilities. Review the goals and objectives of the service plan to determine if any functional limitations will impede progress.

<b>Physical:</b> (health, motor abilities, seating, positioning)	<b>Academic Performance:</b> Basic and content reading; Reading comprehension; Mathematics calculation, reasoning and application; Written expression; Oral expression; Listening comprehension; Learning preference; Learning style, strategies; Effect of the disability on acquisition, development, mastery and applications of academic skills.	<b>Vocational Performance:</b> General work behaviors; Following directions; Working independently or with job supports; Job preferences or interests; Dexterity; Abilities; Interpersonal relationships and socialization; Related work skills.
<b>Sensory:</b> (Vision, hearing, sensitivity to/of touch)	<b>Environmental Control:</b> Ability to control events within the environment; Ability to interact with others to influence actions of others	<b>Recreation / Leisure:</b> Free time, maintenance of physical fitness, use of generic community recreation facilities and resources and degree of social involvement.
<b>Communication:</b> Speech sound production and use, receptive and expressive language, voice, fluency, augmentative and alternative communication	<b>Social Competence:</b> Adaptive behaviors and social skills, which enable a child or youth to meet environmental demands and to assume responsibility for his own and others' welfare.	<b>Other:</b>
<b>Cognitive:</b> An appraisal of aptitude and mental processes by which an individual applies knowledge, thinks and solves problems.		

2. **If there are no areas of concern, proceed to Step. #9.**
3. Enter each highlighted area into a box in the first column of the grid below, along with the specific functions that are of concern (see table above for examples)
4. If there are areas of concern, write the SPECIFIC tasks related to progress in that area that this person needs to be able to do or learn to do that currently would be difficult or impossible to do without assistance.
5. For each task listed, determine how barriers to doing those tasks are currently addressed (special strategies? Accommodations? Modifications? Assistive technology?). Enter this information in Column A
6. Determine if there are any continuing barriers encountered when attempting a task? If yes, complete Column B.
7. Consider whether the use of new or additional assistive technology would: (a) enable performance of this task with more ease, efficiency, or in a less restrictive environment, or (b) perform the task successfully with less personal assistance. If yes, indicate in column C.
8. If team members are not familiar with assistive technology tools that could address remaining barriers or need additional assistance, indicate in column C that further investigation is necessary in this area.
9. **Analyze the information that has been entered in the previous steps, then complete the Summary of Consideration to reflect the results of the analysis.**

