BERGEN COUNTY TECHNICAL SCHOOLS / SPECIAL SERVICES

ASSISTIVE TECHNOLOGY/AUGMENTATIVE COMMUNICATION

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Grisel Espinosa
Supervisor

Assistive Technology Evaluation Intake Questionnaire Instructions

1. Please have all three sections of this form filled out completely:
   - **Case Manager Section** - to be completed by case manager
   - **Teacher Section** - to be completed by *all teachers* who provide instruction to the student. Duplicate as needed.
   - **Parent/Guardian Section** - to be completed by parent/guardian

2. Please provide **samples of your student's work** that illustrate the areas where he/she is struggling. (If appropriate)

3. Please provide the following in addition to the Intake Questionnaire:
   - Copy of student's IEP
   - Copies of all current professional reports such as neurological, educational, medical, psychological and therapeutic evaluations.

4. All of the above paperwork must be received by our office **no later than one week** prior to the scheduled evaluation date. If the paperwork is not received by this timeline, we may need to reschedule the evaluation.

Assistive Technology Evaluation
Intake Questionnaire
Case Manager Section

Student Information:

Student Name _____ DOB:_____ Age _____

Student Address _____ Apt # _____

City/State/Zip _____

Parent(s) Name _____ Home Phone _____

Student's Primary Language _____ Family's Primary Language _____

School Information:

School Student Attends _____ Grade _____

School Address _____

School Contact Person _____

        Phone _____ Email _____

Student Case Manager _____

        Phone _____ Email _____

Student Team Members:

□ General Ed Teacher   Name: _____ Email: _____

□ Special Ed Teacher   Name: _____ Email: _____

□ Occupational Therapist   Name: _____ Email: _____

□ Physical Therapist   Name: _____ Email: _____

□ Speech Language   Name: _____ Email: _____

□ Para/Aide   Name: _____ Email: _____

□ Other:_____   Name: _____ Email: _____

**Assistive Technology Evaluation
Intake Questionnaire
Case Manager Section (continued)**

Placement:

☐ General Ed Classroom   Subject(s): _____

☐ Resource room   Subject(s): _____

☐ In-class support   Subject(s): _____

☐ Self-contained

☐ Private school

☐ Home

☐ Other _____

Educational Classification (Check all that apply):

☐ Auditorily Impaired: ☐ Autistic   ☐ Cognitively Impaired

   ☐ Deaf   ☐ Communication Impaired   ☐ Emotionally Disturbed

   ☐ Hearing Impairment   ☐ Multiply Disabled   ☐ Deaf/Blindness

☐ Orthopedic Impairment   ☐ Other Health Impaired   ☐ Specific Learning Disability

   Type _____ ☐ Traumatic Brain Injury   ☐ Visually Impaired

☐ Other _____

Medical Considerations (Check all that apply):

☐ History of Seizures   ☐ Fatigues easily

☐ Has degenerative medical condition   ☐ Has frequent pain

☐ Has multiple health problems   ☐ Currently taking medication(s)

☐ Has frequent ear infections   ☐ Has allergies

☐ Other_____

Medical Diagnosis (if applicable) _____

Additional medical concerns that may apply:

_____

_____

Assistive Technology Evaluation
Intake Questionnaire

Case Manager Section (continued)

Academic Levels:

Briefly describe the student's current skills/grade levels:

Reading: _____

Spelling: _____

Writing: _____

Math: _____

Cognitive Ability:

☐ Above Average

☐ Average

☐ Below Average

☐ Significantly below average

Reason(s) For Referral:

** REQUIRED** **Please note the evaluation cannot be conducted without this information** What task(s) does the student need to do that is currently difficult or impossible, and for which assistive technology may be an option? _____ _____ _____ _____ _____ _____

Assistive Technology Evaluation
Intake Questionnaire

Case Manager Section (continued)

How do you envision assistive technology will help this child?

☐ Support mechanics of writing   ☐ Assist with organization of school work

☐ Provide an efficient means of note-taking   ☐ Assist with organization of school work

☐ Improve quality of written composition   ☐ Provide access to computers

☐ Increase reading comprehension   ☐ Assist with spelling

☐ 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). Please include software programs used in school to support student.

_____

_____

_____

_____

Writing

Motor Aspects of Writing

1. Current writing ability (Check all that apply):

   ☐ Student does not write   ☐ Writing is slow and arduous
   ☐ Writes independently and legibly   ☐ Writing is limited due to fatigue
   ☐ Writing is unrecognizable   ☐ Has difficulty with size and spacing
   ☐ Student has difficulty reading own writing ☐ Has difficulty copying from board (far point)
   ☐ Prints a few words   ☐ Has difficulty copying from book (near point)
   ☐ Has a physical barrier to handwriting   ☐ Other _____

Assistive Technology Evaluation
Intake Questionnaire

Case Manager Section (continued)

2. Additional concerns related to motor aspects of writing:

_____

_____

_____

_____

Composing Written Material

1. Present writing ability (Check all that apply):

☐ Writes multi-paragraph reports   ☐ Short words   ☐ Sentences

☐ Short phrases   ☐ Paragraphs of 2–5 Sentences   ☐ Complex phrases

☐ Longer Paragraphs   ☐ Other_____

2. Difficulties currently experienced by student (Check all that apply):

☐ None   ☐ Answering Questions

☐ Organizing thoughts for writing   ☐ Generating ideas

☐ Getting started on a sentence or story   ☐ Planning content

☐ Adding information to a topic   ☐ Using a variety of vocabulary

☐ Summarizing information   ☐ Sequencing information

☐ Determining when to begin new paragraph   ☐ Spelling

☐ Applying grammar rules   ☐ Putting thoughts into writing

☐ Other_____

3. Additional concerns related to written composition**:**

_____

_____

_____

_____

Assistive Technology Evaluation
Intake Questionnaire

Case Manager Section (continued)

Reading

1. Approximate age or grade level of reading skills _____

2. Student has difficulty decoding the following (check all that apply):

☐ Worksheets   ☐ Reading Textbook   ☐ Subject area texts   ☐ Tests

3. Student has difficulty comprehending the following:

☐ Worksheets   ☐ Reading Textbook   ☐ Subject area texts   ☐ Tests

4. The student has difficulty with the following (check all that apply):

☐ Reading and understanding paragraphs
☐ Reading fluently with expression
☐ Reading and understanding simple sentences
☐ Reading and understanding words in context
☐ Applying phonics rules when attempting to decode printed words
☐ Student is a sight word reader
☐ Does not recognize, name, or print the alphabet
☐ Other _____

5. Reading Assistance Used

Please describe strategies and accommodations that have been used with this student.

_____

_____

_____

Assistive Technology Evaluation
Intake Questionnaire

Case Manager Section (continued)

6. Additional concerns related to reading:

_____

_____

_____

_____

Note Taking and Studying

1. Is the student required to take notes? ☐yes   ☐no

2. Difficulties student has taking notes and study skills **(**Check all that apply):

☐ Organizing information/notes   ☐ Organizing materials for a report
☐ Remembering steps or tasks   ☐ Turning in assignments
☐ Finding place in textbooks   ☐ Reviewing notes from lectures
☐ Taking notes during class   ☐ Creating study guides
☐ Highlighting text for studying   ☐ Managing time
☐ Following directions   ☐ Understand relationships between concepts
☐ Summarizing information   ☐ Comprehending key terms and definitions
☐ Other _____

3. Please describe any adaptations or strategies that have been used to help this student with taking notes and studying.

_____

_____

_____

_____

4. Additonal concerns related to note-taking and studying.

_____

_____

_____

_____

Assistive Technology Evaluation
Intake Questionnaire

Case Manager Section (continued)

Math

1. Difficulties student has with math (Check all that apply):

☐ Unable to use pencil and paper to solve problems

☐ Overwhelmed with entire worksheet of math problems

☐ Legibly writing numbers

☐ Checking Work

☐ Completing class assignments

☐ Understanding abstract concepts

☐ Becomes easily frustrated due to physical organizational, or visual issues

☐ Reading directions

☐ Reading equations

☐ Creating graphs and tables

☐ Understanding numerical concepts

☐ Completing homework

☐ Recalling facts

2. Strategies used

Please describe any strategies that have been used to help.

_____

_____

_____

_____

Completed by_____ Date _____

BCSS AT Intake Questionnaire 2017

Assistive Technology Evaluation
Intake Questionnaire
Teacher Section

This section to be completed by <u>each</u> of student's teachers (duplicate as needed).

Student Name_____ Date _____

Teacher Name _____Subject _____

Teacher email_____ Phone_____

Grade_____ Room Number _____

CLASSROOM INFORMATION

1. The student has access to the following:

   ☐ PC   ☐ Mac   ☐ iPad   ☐ Chromebook

   ☐ Desktop   ☐ Laptop   ☐ Other _____

2. Technology environment (Check all that apply):

   ☐ 1:1   ☐ 1 per classroom   ☐ Shared Cart   ☐ Google District   ☐ Other _____

STUDENT INFORMATION

1. What tasks are difficult for the student? (Check all that apply to your class/discipline)

   Mechanics of Writing:

   ☐ Legibility   ☐ Speed   ☐ Fatigue ☐ Other_____

   Reading:

   ☐ Decoding   ☐ Comprehension ☐ Speed ☐ Fluency ☐ Other _____

   Written Composition:

   ☐ Organization ☐ Spelling ☐ Grammar ☐ Proofreading ☐ Other _____

   Math:

   ☐ Legibility   ☐ Numerical concepts ☐ Abstract concepts   ☐ Recall of facts

   ☐ Reading directions ☐ Lining-up equations   ☐ Other _____

   Other:

   ☐ Note-taking   ☐ Class work completion ☐ Homework completion ☐ Access to computer

Assistive Technology Evaluation
Intake Questionnaire
Teacher Section (continued)

2. The student uses a computer in school:

☐ Rarely   ☐ Frequently   ☐ Daily for one or more subjects or periods   ☐ Every day, all day

3. Student's digital skills (Check all that apply):

Keyboarding
☐ Does not currently type   ☐ Activates desired key on command
☐ Types slowly, with one finger   ☐ Types slowly, with more than one finger
☐ Accidently hits unwanted keys   ☐ Performs touch typing
☐ Requires arm or wrist support to type
☐ Uses adapted or alternate keyboard, such as _____
☐ Other _____

Current input method
☐ Standard mouse
☐ Touchpad/Trackpad mouse
☐ Touchscreen monitor
☐ Other _____

4. How would you rate the student's general ability to use a computer?
☐ Excellent - Student is totally independent when working on a computer.
☐ Average - Student requires some assistance but has age-appropriate skills.
☐ Low - Student is unable to use a computer without assistance.

5. What assistive technology is currently used by the student? *(Check all that apply):*

☐ None   ☐ Amplification system
☐ Voice recognition software   ☐ Text-to-speech software
☐ Computer, no modifications   ☐ Computer with modified keyboard or mouse
☐ Manual wheelchair   ☐ Power wheelchair
☐ Augmentative communication system   ☐ Low Vision aides
☐ Word prediction software   ☐ Manual communication board
☐ iPad (please list apps) _____
☐ Computer (please list specialized software) _____
☐ Adaptive Input – Describe_____
☐ Adaptive Input – Describe_____

Assistive Technology Evaluation
Intake Questionnaire
Teacher Section (continued)

6. What is the student's learning style (i.e. Visual Learner, Auditory Learner, etc):

_____

_____

_____

_____

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

_____

_____

_____

_____

8. How do you envision assistive technology will help this student in your classroom?

_____

_____

_____

_____

9. If you have any completed assignments and/or student work examples that illustrate the student's difficulties, please make a copy and attach them to this form.

☐ Assignment(s) attached

10. Additional comments/concerns:

_____

_____

_____

_____

Completed by_____   Date_____

BCSS AT Intake Questionnaire 2017

Bergen County Special Services
Educational Enterprises

Assistive Technology Evaluation
Intake Questionnaire
Parent/Guardian Section

Student Name_____ Age_____

Address_____ Phone_____

Name of Parents/Guardians:_____

Student's Primary Language_____ Family's Primary Language_____

1. What digital device is available to the student at home?

      ☐ iPad: iOS: _____
      ☐ PC: Operating System: _____
      ☐ Mac: Operating System: _____
      ☐ Chromebook
      ☐ WiFi access
      ☐ Other: _____

2. What type of software is available to the student at home?

      ☐ Microsoft Office   ☐ Apple iWork Suite   ☐ Google Docs   ☐ Other: _____

3. What does the student use the computer for at home?

      ☐ Homework   ☐ Internet   ☐ Games   ☐ Other _____

4. Does anyone in the house know how to use the equipment and software to assist the student?

_____

5a. Have you tried assistive technology at home?

      ☐ No
      ☐ Yes

5b. If yes, has it been successful?

_____

_____

BCSS AT Intake Questionnaire 2017

**Assistive Technology Evaluation
Intake Questionnaire
Parent/Guardian Section (continued)**

6. What school related tasks does your child need to do at home that is currently difficult or impossible, and for which assistive technology may be an option? Please elaborate on any other presenting problems or difficulties.

_____

_____

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7. What are your goals for this assistive technology evaluation?

_____

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8. Additional information you would like to share:

_____

_____

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_____

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_____

Completed by:_____ Date:_____

BCSS AT Intake Questionnaire 2017