1. Current Computer Access

How does the student currently access the computer?

- [ ] Doesn’t access the computer
- [ ] Adapted keyboard/mouse
- [ ] Touch type with two hands
- [ ] Specialized Software
- [ ] Hunt/peck with one hand
- [ ] Head
- [ ] Touch type with one hand
- [ ] Speech recognition
- [ ] Hunt/peck with one hand
- [ ] Switch scanning
- [ ] Touchscreen
- [ ] Other

List current AT

___________________________________________________________________________________________
What difficulty is the student having with current method?

___________________________________________________________________________________________
___________________________________________________________________________________________

2. Previous Assistive Technology

List any AT tried in the past for computer access and describe how it worked.

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

3. Physical Abilities

Does student have limitations to range of motion? [ ] Yes   [ ] No
Does student have abnormal reflexes or abnormal muscle tone? [ ] Yes   [ ] No
Does student have difficulty with accuracy? [ ] Yes   [ ] No
Does student fatigue easily? [ ] Yes   [ ] No
Describe how physical abilities affect computer use.

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
Chapter 1 - Assistive Technology Assessment

4. Motor Control

Does the student have voluntary, controlled movement of the following? (check all that apply)

☐ Right hand  ☐ Left hand  ☐ Head
☐ Right arm  ☐ Left arm  ☐ Eyes
☐ Right leg  ☐ Left leg  ☐ Mouth
☐ Right foot  ☐ Left foot  ☐ Voice (Speech)
☐ Finger(s)  ☐ Other

5. Positioning

How is the student positioned for computer access?

☐ Regular classroom chair
☐ Regular classroom chair with adaptations _____________________________
☐ Specialty chair ___________________________________________________
☐ Wheelchair ______________________________________________________
☐ Other __________________________________________________________

6. Sensory

Does the student have any issues with hearing? ☐ Yes ☐ No
Does the student have any issues with vision? ☐ Yes ☐ No
Describe how sensory issues abilities affect computer use. ___________________________________________________

7. Literacy

Is the student working at grade level in the following areas?

Reading ☐ Yes ☐ No __________________________
Composition ☐ Yes ☐ No _________________________
Spelling ☐ Yes ☐ No __________________________
Math ☐ Yes ☐ No ______________________________
Computer Skills ☐ Yes ☐ No ____________________

8. Summary of Students Abilities and Concerns Related to Computer Access

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________