Dear Applicant:

Enclosed is the consultation packet that you requested. Our packet consists of the following:

1. Cover letter explaining our consultation process
2. Consultation packet
3. Videotape Planning Worksheet

**Instructions for completion and submission of the consultation packet are on Page 2 of the packet.** After we have received your completed application and videotape, we will contact you to arrange for the consultation date and time. At this time we will also discuss the consultation options and select the format most suitable to your needs. Consultation options include face-to-face consulting, videoconference, and telephone consultation.

**The Process:**
The videotape you provide will be viewed during the consultation as a frame of reference for technology and teaching strategies that are discussed. **The focus of a consultation is technology planning as it relates to a student’s school program including communication, physical access, and academics.** This process involves demonstrations and discussions of technology for current and future use.

**The consultation differs from an “assessment” in that the focus is on sharing a wide range of technology information rather than a one-time trial or “hands-on” assessment of a student’s skills.** Information shared by team members and family will determine what technology is suggested for the student. We have found that your experience with the student, over time and in a variety of settings, is more useful than having the student try out equipment in an unfamiliar setting.

**Only occasionally are students involved in the consultation process. Generally, team members and parents can participate best without the student being present.** After the consultation, items from our lending library can be borrowed as a means for conducting these technology trials in an environment familiar to the student. Students of transition age (14 years and older) are welcome as a member of the school team if they are capable of making a contribution to the consultation process.
Note: An exception to the above procedure occurs when our team feels we can be of assistance in identifying a good access method, such as adaptive switch site locations for severely meteorically handicapped students or when a student needs to try out a specific technology that cannot be sent to the student’s school. In these cases, we may ask you to arrange for the student to attend the consultation.

At the consultation, note-taking forms will be made available to the school team. If you are not attending a face-to-face consultation, please download the note-taking form and vendor list from our website. (The link is under the “Consultation” heading.) The team is encouraged to take good notes since the SETC staff will write no formal report. We will maintain a file on your student containing your application materials and our notes from the meeting until your student reaches 21 years of age.

You will receive a follow-up phone call or email from one of our staff members approximately two months after the consultation to discuss how you are doing with implementing the suggestions that were offered at the consultation and to see if we can be of further assistance. Our staff is available for consultation at any time by email or telephone.

University faculty and students may view consultations. If this is a problem for any reason, please let us know.

Sincerely,

SETC Staff:
Jerry Connolly, Director
Kristin Leslie, MS, OTR/L
Brenda DelMonte, SLP, AT Facilitator
Barb Lark, AAC Specialist
Linda Doehle, AT Specialist
Cathy Hoesterey, OTR/L. AT Specialist
Sue Wright, Program Coordinator

Enclosures
Consultation Packet

Student’s Name: __________________________ Date of Birth: ______________ Age: __________
School District: ____________________________ ESD: __________________________
School Student Attends: __________________________

PRIMARY CONTACT INFORMATION:

(Arrangements for the consultation will be made with this person. The contact person is responsible for contacting the team members and sharing the information provided by the Special Education Technology Center.)

Name of Primary Contact: ______________________________________________________
E-Mail Address: ______________________________________________________________
Work Phone: ___________________ Fax: ___________________
Home Phone: ___________________ Cell Phone: ___________________
(Numbers where team can be reached at the last minute in the event the consultation has to be rescheduled due to weather or illness.)

Mailing address: (If there is a PO Box please list it.)
Building: ___________________
PO Box or Street Address: ___________________
City/State/Zip: ___________________

OFFICE USE ONLY

Date received: ___________________ Student ID #: ___________________
Date sent for scheduling: ______________
Date sent to staff members: ______________ SETC Staff: Bob Julie Other: ______________
INSTRUCTIONS FOR COMPLETION OF PACKET

1. Meet as a team, including the family, to discuss the student and fill out the packet. (Avoid having the family or staff solely responsible for completion of the packet.)

2. Read through the cover letter and videotape instructions.

3. Complete the packet using a pen with dark ink that will photocopy well. **Do not use a pencil.**

4. Make certain all questions are answered and mark NA for those questions not applicable to the student. It may not be necessary to fill out every section of the packet for your student. Note the instructions at the beginning of each section.

5. Include any relevant reports or other materials which you feel will be helpful for our staff.

6. Also include a form from your district authorizing an exchange of confidential information with the Special Education Technology Center.

7. Keep a copy of the packet and the videotape for your records.

8. **Send 3 copies (the original and 2 copies) of the completed packet (including all supporting documents) with the videotape to:**

   Special Education Technology Center  
   Central Washington University  
   400 East University Way  
   Ellensburg, WA 98926-7413  
   Phone: 509-963-3350  
   FAX: 509-963-3355
SECTION 1: THE STUDENT - GENERAL

THIS SECTION MUST BE FILLED OUT FOR ALL STUDENTS

Q1.1 Student’s name: ________________________________
Q1.2 Birthdate: ________________ Q1.3 Grade: ________________

Handicapping condition(s)/official education/medical diagnosis: Check all that apply.

[ ] Mental retardation: [ ]Mild [ ]Moderate [ ]Severe[ ]Autism
[ ] Orthopedically impaired [ ] Behavior disordered/Emotionally disturbed
[ ] Vision impaired [ ] ADD/ADHD
[ ] Hearing impaired [ ] LD
[ ] Other health impaired
[ ] Cerebral Palsy
[ ] Head injured
[ ] Muscular Dystrophy
[ ] Other syndromes—please name __________________________

Anticipated course of condition:

[ ] Stable
[ ] Improving
[ ] Deteriorating

Are there other disabilities suspected but officially undiagnosed? Please list (e.g., Autism, unknown syndrome, retardation, ataxia, paresis, apraxia, etc.)

Current classroom placement: Check all that apply.

[ ] Self contained
[ ] Fully included
[ ] Partially included
[ ] Resource
[ ] Other: ____________________________

Current services received by student and how often: Check all that apply.

<table>
<thead>
<tr>
<th>Type</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] OT</td>
<td></td>
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<tr>
<td>[ ] SLP</td>
<td></td>
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<tr>
<td>[ ] PT</td>
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<tr>
<td>[ ] Vision</td>
<td></td>
</tr>
<tr>
<td>[ ] Hearing</td>
<td></td>
</tr>
<tr>
<td>[ ] Other</td>
<td></td>
</tr>
</tbody>
</table>
What leisure activities does the student enjoy?

At home: ____________________________________________
__________________________________________________
__________________________________________________
__________________________________________________

In the community: __________________________________
__________________________________________________
__________________________________________________
__________________________________________________

PLEASE COMPLETE THE FOLLOWING QUESTIONS FOR STUDENTS 14 YEARS OR OLDER

Is post secondary education a realistic option?

[ ] Yes    [ ] No

If yes, [ ] college/university
[ ] community college
[ ] vocational-technical institute
[ ] other: __________________________________________

Vocational goal: Check all that may apply.

[ ] competitive employment (independent)
[ ] competitive employment (supported)
[ ] enclave
[ ] sheltered employment
[ ] other: __________________________________________

Probable living situation:

[ ] independent
[ ] supported
[ ] family or group home
SECTION 2: THE TEAM/CLASSROOM

This section must be filled out for all students

How often are team meetings held regarding this student?

- [ ] once a week
- [ ] twice per month
- [ ] once a month
- [ ] once per quarter
- [ ] less than once per month, more than once per quarter
- [ ] once per year (IEP)
- [ ] as needed

Who attends?

<table>
<thead>
<tr>
<th>Position</th>
<th>Name (Email)</th>
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<tbody>
<tr>
<td>Audiologist</td>
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<tr>
<td>Administrator</td>
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<tr>
<td>GENED Teacher</td>
<td></td>
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<tr>
<td>OT</td>
<td></td>
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<tr>
<td>Parapro</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
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<tr>
<td>PT</td>
<td></td>
</tr>
<tr>
<td>Preschool Teacher</td>
<td></td>
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<tr>
<td>Principal</td>
<td></td>
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<tr>
<td>Counselor</td>
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<tr>
<td>Psychologist</td>
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<tr>
<td>SPED Teacher</td>
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<tr>
<td>SLP</td>
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<tr>
<td>Teacher of Deaf</td>
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<tr>
<td>Tech Spec.</td>
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<tr>
<td>Trans Spec.</td>
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<tr>
<td>Vision Spec.</td>
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<tr>
<td>Other 1: ____________________________</td>
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<td>Other 2: ____________________________</td>
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<tr>
<td>Other 3: ____________________________</td>
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</tbody>
</table>

Consultation goals/concerns: (What product/result do you expect from this consultation?)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

If it is determined that a consultation is to be conducted at the Special Education Technology Center, who will be released to attend? (We strongly recommend the entire team.)

- [ ] Audiologist  [ ] Preschool Teacher
- [ ] Administrator  [ ] Principal
- [ ] GENED Teacher  [ ] Counselor
- [ ] OT  [ ] Psychologist
- [ ] Parapro  [ ] SPED Teacher
- [ ] Family  [ ] SLP
- [ ] PT  [ ] Teacher of Deaf
- [ ] Tech Spec.
- [ ] Trans Spec.
- [ ] Vision Spec.
- Other 1: ____________________________
- Other 2: ____________________________
- Other 3: ____________________________
Have any of the following agencies assessed or evaluated this student within the past 12 months? Describe what type of assessment resulted.

<table>
<thead>
<tr>
<th>Facility</th>
<th>Type of Assessment</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Children's Hospital and Medical Center (Seattle, WA)</td>
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<td></td>
</tr>
<tr>
<td>[ ] Child Development and Rehabilitation Center (Portland, OR)</td>
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<tr>
<td>[ ] Another Hospital:</td>
<td></td>
<td></td>
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<tr>
<td>[ ] Private evaluation: Person/agency name:</td>
<td></td>
<td></td>
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<tr>
<td>[ ] University organization:</td>
<td></td>
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<tr>
<td>[ ] Other:</td>
<td></td>
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</tr>
</tbody>
</table>

Is another agency presently involved with this student?

[ ] Yes  [ ] No  [ ] NA

If so, please list their name and give a description of the services they provide for the student.

________________________________________________________________________
________________________________________________________________________

What is the staff experience with this student’s handicapping condition?

[ ] None
[ ] Minimal
[ ] Moderate
[ ] Lots
[ ] Only one staff member is familiar
[ ] Itinerant staff has had most of the experience

Our team

[ ] is very familiar with a wide range of technology
[ ] is somewhat familiar with a wide range of technology
[ ] is familiar with a narrow range of technology (specify)
[ ] is just starting to use technology (specify)
[ ] has 1 or 2 members who are sort of “techie” (list names)
[ ] is generally familiar with older and dated technology
[ ] is totally new at using technology and is generally unfamiliar with it
SECTION 3: THE STUDENT’S FUNCTIONING LEVELS

THIS SECTION MUST BE FILLED OUT FOR ALL STUDENTS

Please describe the individual’s present capabilities and/or limitations in the following areas. If a significant limitation exists in any of the areas, please attach relevant reports/assessments.

1. Cognitive:

[ ] Understands cause and effect
Student demonstrates awareness of objects by:
[ ] searching with eyes
[ ] searching physically
[ ] verbalizing
[ ] Student can sequence series of items
[ ] Student can recall a sequence of items
[ ] Student attends to a task for _______ minutes
Student processes and responds to information:
[ ] at an average rate
[ ] with additional thinking time
[ ] with repetition of instruction
[ ] with repeated practice
[ ] with multiple methods of presentation

In the area of problem solving, student:
[ ] invents new strategies
[ ] is independent
[ ] asks for help
[ ] waits passively for help
[ ] acts impulsively
[ ] is prompt dependent
[ ] lacks awareness of problem

Does student generalize skills?
[ ] yes
[ ] no
[ ] Other (please specify):

2. Vision:

Student’s vision appears normal: [ ] yes  [ ] no  If no, complete the following questions in this section.

Describe student’s vision with correction and without (in layman’s terms).

__________________________________________________________

Student can: [ ] visually track  [ ] visually sequence  [ ] understand spatial relationships

List visual requirements (color, contrast, etc.):

__________________________________________________________
What size picture can student see effectively and at what distance?

Has student had a functional vision assessment?  [ ] yes  [ ] no

If yes: Date of assessment: ____________________________ By whom: ____________________________

3. **Hearing:**

Student’s hearing appears normal:  [ ] yes  [ ] no  **If no, complete the following questions in this section.**

Describe student’s hearing: __________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Date of student’s last hearing assessment: ____________  By whom: ____________________________

Does student have a need for sign language? [ ] yes [ ] no

4. **General health:**

[ ] Has restrictions or special requirements for drinking or feeding.  
Notes: __________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

[ ] Has seizures. List type and significant side effects.

________________________________________________________________________________

________________________________________________________________________________

[ ] Takes medications with significant side effects. List effects.

________________________________________________________________________________

________________________________________________________________________________

Do you expect any of the above to change in the next 5 years?  How?

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
5. **Reading grade levels:**
Decoding: _______________  Comprehension: _______________

Reading approach used (phonics, basal, whole language, etc.): _________________________________

_______________________________________________________________________________________

Problems: _____________________________________________________________________________

_______________________________________________________________________________________

6. **Written language:**

How does the student most effectively express him/herself in written form? _____________________

_______________________________________________________________________________________

_______________________________________________________________________________________

[ ] We haven't found an effective means for this student to express him/herself in written form.

If applicable, how long would it take him/her to write a 25 word paragraph using the above method? _________

What is the student’s grade level in spelling? _______________________________

7. **Math Skills:**

Describe the student’s current level of functioning in math.

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

How does he/she demonstrate understanding of math concepts? (specify use of paper/pencil, manipulatives, calculator, oral response, etc.)

_______________________________________________________________________________________

_______________________________________________________________________________________

[ ] We haven't found an effective means for this student to express his/her understanding of math concepts.
SECTION 4: PHYSICAL ACCESS TO TECHNOLOGY

COMPLETE PAGES 10-11 FOR STUDENTS WITH PHYSICAL ACCESS NEEDS

1. Hand preference: [ ] right [ ] left

2. The student can:
   - [ ] grasp/release objects
   - [ ] maintain switch closure
   - [ ] cross midline
   - [ ] point with 1-2 fingers
   - [ ] point with whole hand
   - [ ] write with a pen/pencil
   - [ ] maintain accurate point (no athetosis)
   - [ ] type

3. Describe student’s physical movement, positioning, dexterity, range, strength, dependability (in layman’s terms). Include smallest area student can accurately point and widest range of access.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Please indicate all equipment currently used in the areas of:
   - feeding: ___________________________________________________________________
   - seating/positioning: ___________________________________________________________________
   - other: ___________________________________________________________________

5. Has a switch assessment ever been completed? [ ] yes [ ] no
   If yes: Date of assessment: ___________________________ By whom: ___________________________
   What were the results? ___________________________________________________________________
6. Check the switches that have been tried with the student. Indicate whether the student was:

1 = Very successful   2 = Somewhat successful   3 = Not successful

<table>
<thead>
<tr>
<th>Switches</th>
<th>1</th>
<th>2</th>
<th>3</th>
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</thead>
<tbody>
<tr>
<td>BASS</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Big Red</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Buddy Button</td>
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<td></td>
<td></td>
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<tr>
<td>Ellipse</td>
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<td></td>
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<tr>
<td>Grip</td>
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<tr>
<td>Infrared sensor</td>
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<td>Joggle</td>
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<tr>
<td>Leaf</td>
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<td>Light touch</td>
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<tr>
<td>Motion sensor</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Pal Pad</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Plate</td>
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<td></td>
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<tr>
<td>Proximity</td>
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<td></td>
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<tr>
<td>Sound sensor</td>
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<tr>
<td>Sip/Puff</td>
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<td>Specs</td>
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<tr>
<td>String</td>
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<tr>
<td>Treadle</td>
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<tr>
<td>Twitch</td>
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<tr>
<td>Ultimate</td>
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<tr>
<td>Wobble</td>
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</tbody>
</table>

[ ] Other (specify): ______________________________________  [ ]  [ ]  [ ]

7. Check the switch access methods that have been tried with the student and note right or left where appropriate. Indicate whether the student was:

1 = Very successful   2 = Somewhat successful   3 = Not successful

<table>
<thead>
<tr>
<th>Access Methods</th>
<th>Right</th>
<th>Left</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
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<tr>
<td>Cheek</td>
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<tr>
<td>Chin</td>
<td></td>
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<tr>
<td>Elbow</td>
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<tr>
<td>Forearm</td>
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<tr>
<td>Hand</td>
<td></td>
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<tr>
<td>Finger</td>
<td></td>
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<tr>
<td>Thigh/Leg</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Knee</td>
<td></td>
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<tr>
<td>Foot</td>
<td></td>
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<tr>
<td>Other</td>
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</table>

[ ] Other (specify): ______________________________________

8. Check the environmental control technologies that have been tried with the student. Indicate whether the student was:

1 = Very successful   2 = Somewhat successful   3 = Not successful

<table>
<thead>
<tr>
<th>Technologies</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>PowerLink</td>
<td></td>
<td></td>
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<tr>
<td>Cordless Big Switch</td>
<td></td>
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<tr>
<td>Wireless Pal Pad</td>
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<tr>
<td>TASH Ultra 4</td>
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<tr>
<td>X-10 system</td>
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<tr>
<td>Other</td>
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</table>

[ ] Other (specify): ______________________________________
SECTION 5: COMPUTER ACCESS

COMPLETE PAGES 12-13 FOR STUDENTS WITH COMPUTER ACCESS NEEDS

1. Are there software programs or tasks that you would like the student to be able to use but that he/she is unable to use because of computer access limitations?  [ ] yes  [ ] no

If yes, please name those programs or tasks: _______________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

2. Check the computer platform that the student will be using:
   a. in the current school environment:  [ ] Apple II  [ ] Macintosh  [ ] Windows
   b. in a future school environment:  [ ] Apple II  [ ] Macintosh  [ ] Windows
   c. at home:  [ ] Apple II  [ ] Macintosh  [ ] Windows

3. Check the computer access technologies that have been tried with the student.
   Indicate whether the student was:
   1 = Very successful  2 = Somewhat successful  3 = Not successful

HARDWARE:

   [ ] Switch Interface  1  2  3
   [ ] Discover:Switch  [ ] [ ] [ ]
   [ ] Discover:Board  [ ] [ ] [ ]
   [ ] IntelliKeys  [ ] [ ] [ ]
   [ ] Mini Keyboard  [ ] [ ] [ ]
   [ ] Touch Window (or other touchscreen)  [ ] [ ] [ ]
   [ ] Trackball  [ ] [ ] [ ]
   [ ] Joystick  [ ] [ ] [ ]
   [ ] Touchpad  [ ] [ ] [ ]
   [ ] HeadMouse or Tracker  [ ] [ ] [ ]
   [ ] Other: ____________________________  [ ] [ ] [ ]
   [ ] Other: ____________________________  [ ] [ ] [ ]
1 = Very successful  
2 = Somewhat successful  
3 = Not successful

### SWITCH ACCESSIBLE SOFTWARE (list by name):

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### ON-SCREEN KEYBOARDS (list by name):

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### SCREEN READER (list by name):

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### SCREEN ENLARGEMENT (list by name):

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### OTHER (list by name):

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<th>2</th>
<th>3</th>
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</table>
SECTION 6: WRITTEN LANGUAGE

COMPLETE THIS PAGE FOR STUDENTS WHO NEED ACCESS TO WORD PROCESSING

1. **Is the student capable of typing on a regular keyboard?**
   - [ ] yes  
   - [ ] no
   
   If yes, how would you describe the student’s approach to typing?
   
   - [ ] One finger
   - [ ] Hunt and peck using multiple fingers
   - [ ] One handed touch typing
   - [ ] Two handed touch typing

2. **Which word processing software has the student used?**
   
   What was the result?

3. **Has the student tried word prediction software?**
   - [ ] yes  
   - [ ] no
   
   If yes, which product was used?
   
   What was the result?

4. **Has the student tried a dedicated portable word processing device such as an AlphaSmart Keyboard, Dreamwriter, LaserPC5, eMate, etc.?**
   - [ ] yes  
   - [ ] no
   
   If yes, which device was used?
   
   What was the result?

5. **Has the student tried speech recognition software?**
   - [ ] yes  
   - [ ] no
   
   If yes, which product was tried?
   
   What was the result?

6. **Has the student tried an alternate keyboard for word processing?**
   - [ ] yes  
   - [ ] no
   
   If yes, which device was used?
   
   What was the result?
SECTION 7: COMMUNICATION

COMPLETE PAGES 15-17 FOR STUDENTS WHO NEED ASSISTANCE/ALTERNATIVES IN ORAL COMMUNICATION

1. Describe, in general, how the student currently communicates. Please include meaningful behaviors in your description.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

2. What objects/activities will motivate the student to communicate?

____________________________________________________________________

3. Please answer the following regarding the student’s current communication level. Check any of the following that apply in each section.

Student’s current expressive communication system:
[ ] Oral
   [ ] Less than 50% intelligible to unfamiliar partners
   [ ] Less than 25% intelligible to unfamiliar partners
[ ] Gestures
[ ] Sign Language
   ______ # of signs student uses spontaneously
[ ] Picture board or PECS

Estimated student receptive level:
[ ] Unable to assess formally

Assessment tool used: ______________________________________________________
[ ] Within 1 year of CA
[ ] Less than 50% of CA

Please check your responses to the following questions:

<table>
<thead>
<tr>
<th>Student can:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow verbal classroom instructions</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Make basic needs and wants known</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Communicate academic understanding</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Initiate communication with adults</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Initiate communication with peers</td>
<td>[ ]</td>
<td>[ ]</td>
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</tbody>
</table>
4. Check or list all forms of communication currently used by the student. Within each major heading (i.e., gestures, speech, etc.) indicate whether student:

1 = Tried with little success  
2 = Is successful at least somewhat  
3 = Is very successful

**GESTURES:**

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<tbody>
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<td></td>
<td></td>
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<tr>
<td>Facial expressions</td>
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<tr>
<td>Whole body gestures</td>
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<tr>
<td>Conventional gestures</td>
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<tr>
<td>Gestural yes/no</td>
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<tr>
<td>Eye point</td>
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<tr>
<td>Sign language</td>
<td></td>
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<tr>
<td>Give for help gesture</td>
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**SPEECH:**

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<tr>
<td>Vocalization</td>
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<tr>
<td>Spoken yes/no</td>
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<td></td>
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<tr>
<td>Short phrases</td>
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<tr>
<td>Uses connected speech but is only ___% understandable</td>
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**MANUAL COMMUNICATION BOARD:**

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<tbody>
<tr>
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<td></td>
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<tr>
<td>Photos</td>
<td></td>
<td></td>
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<tr>
<td>Single pictures (line drawings)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sequencing pictures to communicate in sentences/phrases</td>
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**MANUAL SIGNING:**

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<tbody>
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<tr>
<td>Single adapted signs with prompt</td>
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<tr>
<td>Spontaneous adapted single signs without a prompt</td>
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<tr>
<td>Regular unadapted single signs without a prompt</td>
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<tr>
<td>1–2 connected regular signs</td>
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<td>2 or more connected regular signs</td>
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**OTHER:**

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<tr>
<td>Object cues</td>
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<tr>
<td>Object or picture calendar</td>
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<td></td>
<td></td>
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<tr>
<td>Simple choice making</td>
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<td></td>
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<tr>
<td>Eye pointing system</td>
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<td></td>
<td></td>
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<tr>
<td>Written text</td>
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<td></td>
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<tr>
<td>Electronic device (specify): ____________________________</td>
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**AUGMENTATIVE COMMUNICATION TECHNOLOGY (specify device used):**

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<tbody>
<tr>
<td>Device name: ____________________________</td>
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<td>Device name: ____________________________</td>
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<td>Device name: ____________________________</td>
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<td>Device name: ____________________________</td>
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</table>
5. **Indicate ADULT communication that is likely to elicit student response.**

**NONVERBAL:**
- [ ] gestures
- [ ] line drawings
- [ ] photographs
- [ ] sign language
- [ ] object cues
- [ ] words + gestures
- [ ] undetermined
- [ ] a combination of above

**VERBAL:**
- [ ] does not understand spoken words
- [ ] understands single words
- [ ] understands simple phrases
- [ ] understands conversation
- [ ] understands adult humor and idiomatic language
- [ ] needs visual cues paired with one of the above

6. **What are the student’s potential message needs within the next three years? (Check all that apply.)**

- [ ] call attention
- [ ] answer yes/no questions
- [ ] make simple choices
- [ ] greet people
- [ ] signal emergencies
- [ ] express emotions
- [ ] confirm/reject
- [ ] initiate an interaction
- [ ] make requests
- [ ] converse
- [ ] repair communication breakdown
- [ ] give opinions
- [ ] clarify speech
- [ ] provide unique information
- [ ] other (specify): __________________________________________
Permission for Videotaping and Observation

I, ________________________________, as parent or legal guardian of ________________________________, grant permission to the Special Education Technology Center to do the following during the scheduled consultation at the Special Education Technology Center or as a result of the consultation:

CHECK THE FOLLOWING

YES  NO
[ ]  [ ] To videotape my child while attending the consultation
[ ]  [ ] To use pre-taped video footage of my child during the consultation
[ ]  [ ] To use video footage of my child for purposes of educator training or staff development
[ ]  [ ] University faculty and staff may observe this consultation process

I, the undersigned, understand that by giving permission for the Special Education Technology Center to use video footage of my child, that said videotape becomes the property of the Special Education Technology Center and will be used for educational purposes only.

Parent/Legal Guardian: ________________________________
Date: ________________________________