Special Education Technology Center

Dear Applicant,

Our application consists of the following:
1. Cover letter explaining our consultation process
2. Consultation Application
3. Permission for Video and Observation
4. Video Planning Worksheet

Upon receipt of a completed application and video, the SETC staff will contact the team to arrange a date and time for the consultation. At this time, we will discuss the consultation options and select a format most suitable to the needs of the team and student. Consultation options include a telephone consultation, web consultation, and a face-to-face consultation.

The focus of a consultation is technology planning as it relates to a student's school program and may including areas such as communication, physical access, executive functioning and academics. This process involves demonstration and discussion of technology for current and future use. A consultation begins with consideration of the student's needs in relation to the IEP goals, as well as access to curricular and extracurricular activities.   The SETC's role is to guide the school team in consideration of assistive technology options to trial to remove barriers to participation and learning.

A consultation differs from an "assessment" in that the focus is on sharing a range of technology solutions and strategies that will allow the school team to proceed with technology trials. Information shared by team members, including the family, will determine what technology is suggested for the student. The SETC staff often bring technology for the team to borrow and trial over a month-long period. We have found that your experience with the student, over time and in a variety of settings, is more useful than a one-time trial during the consultation event.

The SETC team may ask for the student to attend the consultation when it is necessary to identify access method(s), such as adaptive switch site locations for students with sever motoric impairments or when specific solutions need to be tried by the student in the course of the consult. Students of transition age (14 years and older) are welcome as a member to contribute to the consultation process.

Approximately one week after the consultation, the team will receive a follow-up email. In the case of a web-consult or face to face consult, the email will include an attachment that contains a summary of the consult with links to technologies and strategies discussed. We will maintain consultation records until the student is 21 years of age. Follow-up training and support is available upon request and often optimizes the success of the technology trial. The SETC team looks forward to supporting your team with implementation of assistive technology solutions for your student.

Sincerely, SETC Staff:
Kristin Leslie, Director ATP, MS, OTR/L
Linda Doehle, AT Specialist
Sarah Kinsella, MA, CCC
Rose Racicot, MS, OTR/L
Sue Wright, Program Coordinator

INSTRUCTIONS FOR COMPLETION OF APPLICATION

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

2. Read through the cover letter and video instructions.

3. 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 application for your student. Note the instructions at the beginning of each section.

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

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

6. Keep a copy of the application and the video for your records.

7. Send a copy of the completed application (including all supporting documents) with the video to the Special Education Technology Center

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

SEC Special
Education
Technology
Center

Consultation Application

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 packet received: _____ **Date video received:** _____

Consultation Date: _____ **Time:** _____

SETC Staff: Kristin Linda Sarah Rose Other:_____

SECTION 1: THE STUDENT - GENERAL

THIS SECTION MUST BE FILLED OUT FOR ALL STUDENTS

1.1 Student's name: _____

1.2 Birthdate: _____   **1.3 Grade:** _____

1.4 Eligibility Category - official education/medical diagnosis
Check all that apply.

☐ Intellectual Disability: ☐ Multiple Disabilities
    ☐ Mild ☐ Moderate ☐ Severe

☐ Orthopedically impaired   ☐ Autism

☐ Visual impairment, including blindness   ☐ Emotional/behavioral disability

☐ Hearing impairment   ☐ Developmentally delayed

☐ Speech or Language Impairment   ☐ LD

☐ Traumatic Brain Injury

☐ Other health impaired/syndromes–please name

Comments: _____

_____

1.5 Anticipated course of condition:

☐ Stable   ☐ Improving   ☐ Deteriorating   ☐ Unknown

1.6 Are there other disabilities suspected but officially undiagnosed? Please list (e.g., autism, unknown syndrome, intellectual impairment, ataxia, paresis, apraxia, etc.)

_____

_____

1.7 Current classroom placement: Check all that apply.

☐ Self-contained ☐ Fully included ☐ Partially included ☐ Resource

☐ Other: _____

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

Type	How Often
☐ OT	
☐ SLP	
☐ PT	
☐ Vision	
☐ Hearing	
☐ Other	

What leisure activities does the student enjoy?

1.9 At home: _____

_____
_____
_____
_____

1.10 In the community: _____

_____
_____
_____
_____

PLEASE COMPLETE THE FOLLOWING QUESTIONS FOR STUDENTS 14 YEARS OR OLDER

1.11 Is post-secondary education a realistic option?

☐ Yes ☐ No

If yes:

☐ College/University ☐ Community College ☐ Vocational-Technical Institute

☐ Other: _____

1.12 Vocational goal: Check all that apply.

☐ Competitive employment (independent) ☐ Competitive employment (supported)

☐ Enclave   ☐ Sheltered employment

☐ Other: _____

1.13 Probable living situation:

☐ Independent   ☐ Supported   ☐ Family or group home

SECTION 2: THE TEAM/CLASSROOM

THIS SECTION MUST BE FILLED OUT FOR ALL STUDENTS

2.1 How often are team meetings held regarding this student?

☐ Once a week

☐ Twice per month

☐ Once a month

☐ Once per quarter

☐ Once per year (IEP)

☐ As Needed

☐ Less than once per month, more than once per quarter

2.2 Who attends?

Position	Name	Email
☐ Audiologist		
☐ Administrator		
☐ GEN ED Teacher		
☐ OT		
☐ Para Educator/EA		
☐ Parent/Family		
☐ PT		
☐ Preschool Teacher		
☐ Principal		
☐ School Counselor		
☐ School Psychologist		
☐ SPED Teacher		
☐ SLP		
☐ Teacher of Deaf		
☐ Tech Specialist		
☐ Trans Specialist		
☐ Vision Specialist		
☐ Other		
☐ Other		
☐ Other		

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

_____

_____

_____

_____

2.4 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. Please invite the parent(s) or legal guardian(s) to attend.

☐ Audiologist	☐ Preschool Teacher	☐ Technology Spec.
☐ Administrator	☐ Principal	☐ Transition Spec.
☐ Gen Ed Teacher	☐ Counselor	☐ Vision Spec.
☐ OT	☐ Psychologist	☐ Other: _____
☐ ParaEducator/EA	☐ SPED Teacher	☐ Other: _____
☐ Family	☐ SLP	☐ Other: _____
☐ PT	☐ Teacher of the Deaf	

2.5 Have any of the following agencies assessed or evaluated this student within the past 12 months? Please describe what type of assessment resulted and the date.

Facility	Type of Assessment & Date
☐ Children's Hospital and Medical Center (Seattle, WA)	
☐ Child Development and Rehabilitation Center (Portland, OR)	
☐ Another Hospital (Facility name):	
☐ Private Evaluation (Evaluator/Agency name):	
☐ University Organization (Name):	
☐ Other (List Name):	

2.6 Is another agency presently involved with this student?

☐ Yes ☐ No

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

_____

_____

_____

_____

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

☐ None   ☐ Moderate   ☐ Only one staff member is familiar

☐ Minimal   ☐ Lots   ☐ Itinerant staff has had most of the experience

2.8 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 new at using technology and is generally unfamiliar with it

Additional comments:

_____

_____

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.

3.1 Cognitive:
☐ Understands cause and effect
☐ Student can sequence series of items
☐ Student can recall a sequence of items
☐ Other: _____
☐ Student attends to a task for _____ minutes

Student demonstrates awareness of objects by:
    ☐ searching with eyes
    ☐ searching physically
    ☐ verbalizing

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

Comments: _____

_____

3.2 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: _____

3.3 Hearing:

Student's hearing appears normal: ☐ Yes ☐ No

If no, complete the following questions in this section.

Describe student's hearing: _____

_____

Date last assessment: _____ By whom: _____

Does student have a need for sign language? ☐ Yes ☐ No

3.4 General Health:

☐ Has restrictions or special requirements for drinking or feeding.

Notes: _____

_____

_____

☐ Has seizures. List type and significant side effects.

Notes: _____

_____

_____

☐ Takes medications with significant side effects. List effects.

Notes: _____

_____

_____

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

Notes: _____

_____

_____

_____

PLEASE COMPLETE THE FOLLOWING QUESTIONS FOR STUDENTS WITH ACADEMIC NEEDS

3.5 Reading Skills:

Decoding Grade Level: _____ Comprehension Grade Level: _____

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

_____

_____

_____

Problems: _____

_____

_____

_____

3.6 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? _____

3.7 Math Skills:

What is the student's current grade level in math? What math/pre-math skills has the student mastered?

_____

_____

_____

_____

☐ We haven't found an effective means for this student to express his/her understanding of math concepts.

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

_____

_____

_____

_____

SECTION 4: PHYSICAL ACCESS TO TECHNOLOGY

COMPLETE THIS SECTION FOR STUDENTS WITH PHYSICAL ACCESS NEEDS

4.1   Hand preference: ☐ Right ☐ Left

4.2   The student can: (Check all that apply)

☐ 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

4.3 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.

_____

_____

_____

_____

4.4 Please indicate all equipment currently used in the areas of:

Feeding: _____

Seating/positioning: _____

Other: _____

4.5 Has a switch assessment ever been completed?

☐ Yes ☐ No

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

What were the results? _____

_____

_____

_____

4.6 Check the switches that have been tried with the student. Indicate how successful they were.

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

	1	2	3		1	2	3
☐ BASS	☐	☐	☐	Pal Pad	☐	☐	☐
☐ Big Switch	☐	☐	☐	Plate	☐	☐	☐
☐ Buddy Button	☐	☐	☐	Proximity	☐	☐	☐
☐ Ellipse	☐	☐	☐	Sound sensor	☐	☐	☐
☐ Grip	☐	☐	☐	Sip/Puff	☐	☐	☐
☐ Infrared sensor	☐	☐	☐	Specs	☐	☐	☐
☐ Jelly Bean	☐	☐	☐	String	☐	☐	☐
☐ Joggle	☐	☐	☐	Treadle	☐	☐	☐
☐ Leaf	☐	☐	☐	Twitch	☐	☐	☐
☐ Light touch	☐	☐	☐	Ultimate	☐	☐	☐
☐ Motion sensor	☐	☐	☐	Wobble	☐	☐	☐

☐ Other: _____

4.7 Rate the switch access methods that have been tried with the student, and note right or left where appropriate. Indicate how successful they were.

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

	Right	Left	1	2	3
☐ Head	☐	☐	☐	☐	☐
☐ Cheek	☐	☐	☐	☐	☐
☐ Chin	☐	☐	☐	☐	☐
☐ Elbow	☐	☐	☐	☐	☐
☐ Forearm	☐	☐	☐	☐	☐
☐ Hand	☐	☐	☐	☐	☐
☐ Finger	☐	☐	☐	☐	☐
☐ Thigh/Leg	☐	☐	☐	☐	☐
☐ Knee	☐	☐	☐	☐	☐
☐ Foot	☐	☐	☐	☐	☐
☐ Other	☐	☐	☐	☐	☐ Specify: _____

4.8 Check the environmental control technologies that have been tried with the student. Indicate how successful they were.

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

	1	2	3
☐ PowerLink	☐	☐	☐
☐ Cordless Big Switch	☐	☐	☐
☐ Wireless Pal Pad	☐	☐	☐
☐ TASH Ultra 4	☐	☐	☐
☐ X-10 system	☐	☐	☐
☐ Other	☐	☐	☐ Specify: _____

SECTION 5: COMPUTER ACCESS

COMPLETE THIS SECTION FOR STUDENTS WITH COMPUTER ACCESS NEEDS

**5.1 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: _____**
_____
_____
_____

5.2 Check the computer platform that the student will be using:

	Chromebook	Windows	Mac	iOS	Android
In the current school environment	☐	☐	☐	☐	☐
In a future school environment	☐	☐	☐	☐	☐
At home	☐	☐	☐	☐	☐

5.3 Check the computer access technologies that have been tried with the student. Indicate how successful they were.

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

	1	2	3
☐ Switch Interface	☐	☐	☐
☐ Alternative Keyboard	☐	☐	☐
☐ Touch Screen	☐	☐	☐
☐ Trackball	☐	☐	☐
☐ Joystick	☐	☐	☐
☐ Touchpad	☐	☐	☐
☐ Head Mouse or tracker	☐	☐	☐
☐ Eye gaze	☐	☐	☐
☐ Other: _____	☐	☐	☐
☐ Other: _____	☐	☐	☐

5.4 Please list any switch accessible software tried with the student. Indicate how successful they were.

_____

_____

_____

_____

5.5 Please list any on-screen keyboards tried with the student. Indicate how successful they were.

_____

_____

_____

_____

5.6 Please list any text readers or screen readers tried with the student. Indicate how successful they were.

_____

_____

_____

_____

5.7 Please list any screen enlargers tried with the student. Indicate how successful they were.

_____

_____

_____

_____

5.8 Please list any other device tried with the student. Indicate how successful they were.

_____

_____

_____

_____

SECTION 6: WRITTEN LANGUAGE

COMPLETE THIS SECTION FOR STUDENTS WHO NEED ALTERNATIVE WRITING OPTIONS

6.1 Is the student capable of typing on a standard QWERTY 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

6.2 Which word processing software has the student used? _____

_____

_____

6.3 What was the result? _____

_____

_____

6.4 Has the student tried word prediction software?

☐ Yes ☐ No

If yes, which product was used? _____

What was the result? _____

6.5 Has the student tried a dedicated portable writing solution?

☐ Yes ☐ No

If yes, which device was used? _____

What was the result? _____

6.6 Has the student tried speech recognition software?

☐ Yes ☐ No

If yes, which product was tried? _____

What was the result? _____

6.7 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 THIS SECTION FOR STUDENTS WHO NEED ASSISTANCE/ALTERNATIVES IN ORAL COMMUNICATION

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

_____
_____
_____
_____
_____

7.2 What objects/activities will motivate the student to communicate?

_____
_____
_____
_____

7.3 Student's current expressive communication system:

Please answer the following regarding the student's current communication level. Check all 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

7.4 Estimated student receptive level:

Able to Assess Formally ☐ Yes ☐ No

If yes, what was the assessment tool that was used: _____

    ☐ Within 1 year of CA

    ☐ Less than 50% of CA

7.5 Please check your responses to the following questions:

Student can:	Yes	No
Follow verbal classroom instructions	☐	☐
Make basic needs and wants known	☐	☐
Communicate academic understanding	☐	☐
Initiate communication with adults	☐	☐
Initiate communication with peers	☐	☐

Check all forms of communication currently used by the student. Within each major heading (i.e., gestures, speech, etc.). Indicate how successful they are.

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

7.6 GESTURES:

	1	2	3
☐ Facial expressions	☐	☐	☐
☐ Whole body gestures	☐	☐	☐
☐ Conventional gestures	☐	☐	☐
☐ Gestural yes/no	☐	☐	☐
☐ Eye point	☐	☐	☐
☐ Sign language	☐	☐	☐
☐ Give for help gesture	☐	☐	☐

7.7 SPEECH:

	1	2	3
☐ Vocalization	☐	☐	☐
☐ Spoken yes/no	☐	☐	☐
☐ Short phrases	☐	☐	☐

☐ Uses connected speech but is only _____ % understandable

7.8 MANUAL COMMUNICATION BOARD:

	1	2	3
☐ Photos	☐	☐	☐
☐ Single pictures (line drawings)	☐	☐	☐
☐ Sequencing pictures to communicate in sentences/phrases	☐	☐	☐

7.9 MANUAL SIGNING:

	1	2	3
☐ Single adapted signs with prompt _____	☐	☐	☐
☐ Spontaneous adapted single signs without a prompt	☐	☐	☐
☐ Regular unadapted single signs without a prompt	☐	☐	☐
☐ 1–2 connected regular signs	☐	☐	☐
☐ 2 or more connected regular signs	☐	☐	☐

7.10 OTHER:

	1	2	3
☐ Object cues	☐	☐	☐
☐ Object or picture calendar	☐	☐	☐
☐ Simple choice making	☐	☐	☐
☐ Eye pointing system	☐	☐	☐
☐ Written text	☐	☐	☐
☐ Electronic device _____	☐	☐	☐

7.11 AUGMENTATIVE COMMUNICATION TECHNOLOGY. Please specify device name(s) and, on a scale of 1 to 3, how successful it is.

_____
_____
_____
_____

7.12 Has the student used iPad or other tablet devices?

☐ Yes ☐ No

If yes, list which Augmentative Communication apps the student tried, and rank their success on a scale of 1 to 3 _____

_____

_____

_____

Indicate ADULT communication that is likely to elicit student response.

7.13 NONVERBAL:

	1	2	3
☐ gestures	☐	☐	☐
☐ line drawings	☐	☐	☐
☐ photographs	☐	☐	☐
☐ sign language	☐	☐	☐
☐ object cues	☐	☐	☐
☐ words + gestures	☐	☐	☐
☐ undetermined	☐	☐	☐
☐ a combination of above	☐	☐	☐

7.14 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

7.15 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
- ☐ other (specify): _____

- ☐ initiate an interaction
- ☐ make requests
- ☐ converse
- ☐ repair communication breakdown
- ☐ give opinions
- ☐ clarify speech
- ☐ provide unique information