



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 include 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 severe 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-SLP

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**



## 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.**

- |  |  |
|--|--|
| <input type="checkbox"/> Intellectual Disability:<br><input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe | <input type="checkbox"/> Multiple Disabilities           |
| <input type="checkbox"/> Orthopedically impaired   | <input type="checkbox"/> Autism                          |
| <input type="checkbox"/> Visual impairment, including blindness  | <input type="checkbox"/> Emotional/behavioral disability |
| <input type="checkbox"/> Hearing impairment  | <input type="checkbox"/> Developmentally delayed         |
| <input type="checkbox"/> Speech or Language Impairment   | <input type="checkbox"/> LD                              |
| <input type="checkbox"/> Traumatic Brain Injury  |  |
| <input type="checkbox"/> 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
<input type="checkbox"/> OT	
<input type="checkbox"/> SLP	
<input type="checkbox"/> PT	
<input type="checkbox"/> Vision	
<input type="checkbox"/> Hearing	
<input type="checkbox"/> 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?

- |  |   |
|--|---|
| <input type="checkbox"/> Once a week<br><input type="checkbox"/> Twice per month<br><input type="checkbox"/> Once a month<br><input type="checkbox"/> Once per quarter | <input type="checkbox"/> Once per year (IEP)<br><input type="checkbox"/> As Needed<br><input type="checkbox"/> Less than once per month, more than once per quarter |
|--|---|

### 2.2 Who attends?

Position	Name	Email
<input type="checkbox"/> Audiologist		
<input type="checkbox"/> Administrator		
<input type="checkbox"/> GEN ED Teacher		
<input type="checkbox"/> OT		
<input type="checkbox"/> Para Educator/EA		
<input type="checkbox"/> Parent/Family		
<input type="checkbox"/> PT		
<input type="checkbox"/> Preschool Teacher		
<input type="checkbox"/> Principal		
<input type="checkbox"/> School Counselor		
<input type="checkbox"/> School Psychologist		
<input type="checkbox"/> SPED Teacher		
<input type="checkbox"/> SLP		
<input type="checkbox"/> Teacher of Deaf		
<input type="checkbox"/> Tech Specialist		
<input type="checkbox"/> Trans Specialist		
<input type="checkbox"/> Vision Specialist		
<input type="checkbox"/> Other		
<input type="checkbox"/> Other		
<input type="checkbox"/> Other		

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

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**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.**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Audiologist     | <input type="checkbox"/> Preschool Teacher   | <input type="checkbox"/> Technology Spec. |
| <input type="checkbox"/> Administrator   | <input type="checkbox"/> Principal           | <input type="checkbox"/> Transition Spec. |
| <input type="checkbox"/> Gen Ed Teacher  | <input type="checkbox"/> Counselor           | <input type="checkbox"/> Vision Spec.     |
| <input type="checkbox"/> OT              | <input type="checkbox"/> Psychologist        | <input type="checkbox"/> Other: _____     |
| <input type="checkbox"/> ParaEducator/EA | <input type="checkbox"/> SPED Teacher        | <input type="checkbox"/> Other: _____     |
| <input type="checkbox"/> Family          | <input type="checkbox"/> SLP                 | <input type="checkbox"/> Other: _____     |
| <input type="checkbox"/> PT              | <input type="checkbox"/> 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
<input type="checkbox"/> Children’s Hospital and Medical Center (Seattle, WA)	
<input type="checkbox"/> Child Development and Rehabilitation Center (Portland, OR)	
<input type="checkbox"/> Another Hospital (Facility name):	
<input type="checkbox"/> Private Evaluation (Evaluator/Agency name):	
<input type="checkbox"/> University Organization (Name):	
<input type="checkbox"/> 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.**

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**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:

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### 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: \_\_\_\_\_

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**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).

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Student can:

visually track  visually sequence  understand spatial relationships

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

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

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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: \_\_\_\_\_

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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.): \_\_\_\_\_

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Problems: \_\_\_\_\_

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**3.6 Written language:**

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

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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?

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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.)

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**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)**

- |   |  |
|---|--|
| <input type="checkbox"/> grasp/release objects                  | <input type="checkbox"/> maintain switch closure |
| <input type="checkbox"/> cross midline                          | <input type="checkbox"/> point with 1-2 fingers  |
| <input type="checkbox"/> point with whole hand                  | <input type="checkbox"/> write with a pen/pencil |
| <input type="checkbox"/> maintain accurate point (no athetosis) | <input type="checkbox"/> 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.**

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**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? \_\_\_\_\_

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

	<b>1=Very successful</b>	<b>2=Somewhat successful</b>	<b>3=Not successful</b>
	<b>1</b>	<b>2</b>	<b>3</b>
<input type="checkbox"/> PowerLink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cordless Big Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wireless Pal Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TASH Ultra 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> X-10 system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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:** \_\_\_\_\_

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

	<b>Chromebook</b>	<b>Windows</b>	<b>Mac</b>	<b>iOS</b>	<b>Android</b>
In the current school environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a future school environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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
<input type="checkbox"/> Switch Interface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Alternative Keyboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Touch Screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Trackball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Joystick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Touchpad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Head Mouse or tracker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Eye gaze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

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

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**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? \_\_\_\_\_**

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**6.3 What was the result?** \_\_\_\_\_

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**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.**

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

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**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:**

<b>Student can:</b>	<b>Yes</b>	<b>No</b>
Follow verbal classroom instructions	<input type="checkbox"/>	<input type="checkbox"/>
Make basic needs and wants known	<input type="checkbox"/>	<input type="checkbox"/>
Communicate academic understanding	<input type="checkbox"/>	<input type="checkbox"/>
Initiate communication with adults	<input type="checkbox"/>	<input type="checkbox"/>
Initiate communication with peers	<input type="checkbox"/>	<input type="checkbox"/>

**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:**

	<b>1</b>	<b>2</b>	<b>3</b>
<input type="checkbox"/> Facial expressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Whole body gestures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Conventional gestures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gestural yes/no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Eye point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sign language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Give for help gesture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7.7 SPEECH:**

	<b>1</b>	<b>2</b>	<b>3</b>
<input type="checkbox"/> Vocalization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spoken yes/no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Short phrases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Uses connected speech but is only _____ % understandable			

**7.8 MANUAL COMMUNICATION BOARD:**

	<b>1</b>	<b>2</b>	<b>3</b>
<input type="checkbox"/> Photos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Single pictures (line drawings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sequencing pictures to communicate in sentences/phrases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7.9 MANUAL SIGNING:**

	<b>1</b>	<b>2</b>	<b>3</b>
<input type="checkbox"/> Single adapted signs with prompt _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spontaneous adapted single signs without a prompt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Regular unadapted single signs without a prompt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 1–2 connected regular signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2 or more connected regular signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7.10 OTHER:**

	<b>1</b>	<b>2</b>	<b>3</b>
<input type="checkbox"/> Object cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Object or picture calendar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Simple choice making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Eye pointing system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Written text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Electronic device _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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**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 \_\_\_\_\_

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**Indicate ADULT communication that is likely to elicit student response.**

**7.13 NONVERBAL:**

	<b>1</b>	<b>2</b>	<b>3</b>
<input type="checkbox"/> gestures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> line drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> photographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> sign language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> object cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> words + gestures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> undetermined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> a combination of above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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.**

- |  |   |
|--|---|
| <input type="checkbox"/> call attention          | <input type="checkbox"/> initiate an interaction        |
| <input type="checkbox"/> answer yes/no questions | <input type="checkbox"/> make requests                  |
| <input type="checkbox"/> make simple choices     | <input type="checkbox"/> converse                       |
| <input type="checkbox"/> greet people            | <input type="checkbox"/> repair communication breakdown |
| <input type="checkbox"/> signal emergencies      | <input type="checkbox"/> give opinions                  |
| <input type="checkbox"/> express emotions        | <input type="checkbox"/> clarify speech                 |
| <input type="checkbox"/> confirm/reject          | <input type="checkbox"/> provide unique information     |
| <input type="checkbox"/> other (specify): _____  |   |