

Assistive Technology Skills Inventory

Physical Access, Vision, Literacy, Math, Study Skills, Organization

Please complete only the sections that relate to the concerns of the team and return to mary.perkins@wflboces.org

Student Name:	DOB:	Date:
Case Manager:	Grade:	SLP:
Medical Diagnosis (if known):	Visual Acuity:	

Area of Difficulty

Based on IEP Goals, briefly describe the tasks with which the student has challenges.

1.
2.

Area of Concern	Guiding Questions	Y	N	What have you tried in the past?
Reading	Does the student have phonemic awareness skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Color overlays <input type="checkbox"/> Tracking strategies <input type="checkbox"/> Audiobooks <input type="checkbox"/> High interest, low level reading material <input type="checkbox"/> Leveled reading materials <input type="checkbox"/> Increased time for completing reading materials <input type="checkbox"/> Increase print size of materials <input type="checkbox"/> Text- to-speech <input type="checkbox"/> Other
<input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Grade level vocabulary <input type="checkbox"/> Reading fluency <input type="checkbox"/> Word attack <input type="checkbox"/> Sight words <input type="checkbox"/> Phonics	Does the student have word attack skills?	<input type="checkbox"/>	<input type="checkbox"/>	
	Is the student able to decode independently? Level_____ Rate_____wpm____	<input type="checkbox"/>	<input type="checkbox"/>	
	Is the student able to comprehend when silently reading?	<input type="checkbox"/>	<input type="checkbox"/>	
	Is the student able to comprehend when reading aloud?	<input type="checkbox"/>	<input type="checkbox"/>	

Reading (continued) <input type="checkbox"/> Phonemic awareness <input type="checkbox"/> Other	Is the student able to comprehend when read to?	<input type="checkbox"/>	<input type="checkbox"/>	
	What is the student's reading comprehension level?			

Area of Concern	Guiding Questions	Y	N	What have you tried in the past?
Writing	Completes written work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Increased time for completing assignments <input type="checkbox"/> Decreased length of assignments and/or # of responses <input type="checkbox"/> Word banks, sentence starters, cloze format <input type="checkbox"/> Typed outline or copy of notes <input type="checkbox"/> Adapted paper (bold, raised lines) <input type="checkbox"/> Word processing <input type="checkbox"/> Text-to-speech <input type="checkbox"/> Speech-to-text <input type="checkbox"/> Word prediction <input type="checkbox"/> Other
<input type="checkbox"/> Spelling <input type="checkbox"/> Pre-writing <input type="checkbox"/> Drafting <input type="checkbox"/> Revising/editing <input type="checkbox"/> Other	Organizes his/her thoughts.	<input type="checkbox"/>	<input type="checkbox"/>	
	Spells words well enough for written work.	<input type="checkbox"/>	<input type="checkbox"/>	
	Takes notes for assignments.	<input type="checkbox"/>	<input type="checkbox"/>	
	Follows an editing/revision process.	<input type="checkbox"/>	<input type="checkbox"/>	
	Completes worksheets with phrase/sentences.	<input type="checkbox"/>	<input type="checkbox"/>	
	Completes tests/form with fill-in-the-blanks.	<input type="checkbox"/>	<input type="checkbox"/>	
	Answers short answer responses.	<input type="checkbox"/>	<input type="checkbox"/>	
	Completes multi-paragraph essay responses.	<input type="checkbox"/>	<input type="checkbox"/>	

Writing (continued)	Has the motor skills to use a keyboard and mouse.	<input type="checkbox"/>	<input type="checkbox"/>	
	Swipes/navigates with touchscreen.	<input type="checkbox"/>	<input type="checkbox"/>	
	Copies from a book.	<input type="checkbox"/>	<input type="checkbox"/>	
	Copies from board.	<input type="checkbox"/>	<input type="checkbox"/>	
	Writes legibly at reasonable rate.	<input type="checkbox"/>	<input type="checkbox"/>	
	Copies/records math calculations with correct alignment	<input type="checkbox"/>	<input type="checkbox"/>	

Area of Concern	Guiding Questions	Y	N	What have you tried in the past?
Math	Identifies numbers in isolation and sequence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> modified paper (bold line, enlarged, raised line, graph paper) <input type="checkbox"/> Math fact sheet (i.e.: multiplication facts) <input type="checkbox"/> Calculator <input type="checkbox"/> Instructional software to remediate specific skills <input type="checkbox"/> Increase font size <input type="checkbox"/> Schedule or checklist <input type="checkbox"/> Organizational aid (color-coding, appointment book) <input type="checkbox"/> Other
<input type="checkbox"/> Legibility <input type="checkbox"/> Number sense <input type="checkbox"/> Calculations <input type="checkbox"/> Other	Comprehends basic math concepts.	<input type="checkbox"/>	<input type="checkbox"/>	
	Completes basic math calculations.	<input type="checkbox"/>	<input type="checkbox"/>	
	Comprehends word problems.	<input type="checkbox"/>	<input type="checkbox"/>	
	Shows work.	<input type="checkbox"/>	<input type="checkbox"/>	

Area of Concern	Guiding Questions	Y	N	What have you tried in the past?
Hearing/Vision	Has passed a vision evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sound field amplifier <input type="checkbox"/> Color overlays <input type="checkbox"/> Enlarged handouts/Writing paper
	Sees material presented in the classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> High contrast screen/paper <input type="checkbox"/> High contrast writing implement <input type="checkbox"/> Tactile materials/overlays
	Visually tracks along a line of print.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Computer <input type="checkbox"/> iPad <input type="checkbox"/> Touchscreen
	Appears to hear orally presented materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Large Keys Keyboard: Type_____ <input type="checkbox"/> Mouse: External Touchpad Touchscreen <input type="checkbox"/> Headphones <input type="checkbox"/> Microphone <input type="checkbox"/> Magnifier: Type_____ <input type="checkbox"/> Braille Note Taking Device: Type_____ <input type="checkbox"/> Refreshable Braille Display:_____ <input type="checkbox"/> Screen-Reading Software: Type_____ <input type="checkbox"/> Speech-to-Text <input type="checkbox"/> Text-to-Speech

Area of Concern	Guiding Questions	Y	N	What have you tried in the past?
Organization / Study Skills	Memory is adequate to accomplish tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Assignment sheet provided by teacher <input type="checkbox"/> Student schedule or checklist <input type="checkbox"/> Timers <input type="checkbox"/> Self-monitoring sheets <input type="checkbox"/> Print or picture schedule <input type="checkbox"/> Organizational aids (color-coding, appointment book, etc.) <input type="checkbox"/> Electronic organizer <input type="checkbox"/> Other
<input type="checkbox"/> Initiating tasks <input type="checkbox"/> Problem solving <input type="checkbox"/> Following written directions <input type="checkbox"/> Following oral directions <input type="checkbox"/> Attending to tasks <input type="checkbox"/> Requesting assistance <input type="checkbox"/> Managing multi-step Tasks <input type="checkbox"/> Organizing notebooks	Uses a planner or other system of organization.	<input type="checkbox"/>	<input type="checkbox"/>	
	Turns in assignments on time.	<input type="checkbox"/>	<input type="checkbox"/>	
	Locates assignments and/or materials.	<input type="checkbox"/>	<input type="checkbox"/>	