

Jefferson Parish Public School System

Assistive Technology Screening Form

Student's Name: _____ DOB: _____ Screening Date: _____
 Grade: _____ School: _____
 Person Completing Form: _____ Phone: _____
 Relationship of Person Completing Form: _____
 Area of Concern: _____

The Assistive Technology Screening Form documents various areas in which assistive technology may be considered to enable a student with a disability to access the general education curriculum as well as necessary assistive technology accommodations needed for LEAP testing. It serves as a tool to determine if a student may benefit from assistive technology or if additional assessment is needed.

Identify the area(s) of concern and answer all questions under the area(s) of concern only. For each "NO" response, provide a detailed explanation in the "Comments" area provided at the end of each section.

Positioning, Seating, Mobility, Recreation	p. 1 & 2
Activities of Daily Living, Environmental Controls	p. 2 & 3
Motor Aspects of Writing, Fine Motor, Computer Access	p. 3
Reading, Composing Written Material	p. 4
Learning, Studying, Math	p. 4
Communication	p. 5
Vision & Hearing	p. 5 & 6
Vocational	p. 6
LEAP Testing	p. 7

Positioning, Seating, Mobility, Recreation

1. The student is physically able to sit upright while completing tasks at his/her desk (i.e., not slouched, resting head on desk or hand). ___ YES ___ NO
2. The student is physically capable of maintaining an appropriate posture while seated and actively engaged in a motor task (i.e., keyboarding, cutting). ___ YES ___ NO
3. The student is physically capable of participating in playing and running activities without atypical postures (ex. independent play on playground equipment). ___ YES ___ NO

4. The student is physically capable of manipulating various parts/ pieces of toys, games, and art activities. ___ YES ___ NO
5. The student is physically able to sit on the floor without assuming asymmetrical postures. ___ YES ___ NO
6. The student is physically able to perform the motor skills necessary to get to/from school and/or get around within the school. ___ YES ___ NO
7. The student is physically able to participate in physical activities (structured/independent/academic/extracurricular) and navigates the classroom without tripping and stumbling. ___ YES ___ NO
8. The student is physically able to independently:
- climb and descend stairs ___ YES ___ NO
- open doors ___ YES ___ NO
- carry objects while walking ___ YES ___ NO
9. The student is physically able to maintain balance while performing an activity (i.e., putting on boots, getting up from the floor). ___ YES ___ NO
10. The student demonstrates physical strength needed to participate in school activities. ___ YES ___ NO

Comments: _____

Activities of Daily Living, Environmental Controls

1. The student organizes and maintains his/her school supplies and materials. ___ YES ___ NO
2. The student independently files through a lunch line, selects meal items, and proceeds to a table. ___ YES ___ NO
3. The student maintains personal hygiene. ___ YES ___ NO
4. The student uses restrooms independently. ___ YES ___ NO
5. The student is able to tie shoes, button, snap, and/or use zippers independently. ___ YES ___ NO
6. The student manages meal-time utensils adequately. ___ YES ___ NO

7. The student independently activates/operates electronics and appliances required for daily activities/routines. YES NO

Comments: _____

Motor Aspects of Writing, Fine Motor, Computer Access

1. The student is able to cut and/or handle scissors independently. YES NO
2. The student is able to use writing utensils (i.e., markers, paintbrush, pencil, crayons) independently. YES NO
3. The student is able to draw, form letters, stay on the line, and/or trace accurately with writing utensils. YES NO
4. The student is able to copy materials from a book. YES NO
5. The student is able to turn the pages in a book. YES NO
6. The student writes legibly. YES NO
7. The student writes legibly at a reasonable rate. YES NO
8. The student is able to tie shoes, button, snap, and/or use zippers independently. YES NO
9. The student is able to use a standard keyboard and mouse to access a computer. YES NO
10. The student is able to participate in activities requiring fine motor skills, such as board games or art. YES NO

Comments: _____

****Handwriting samples must be attached if handwriting skills are an area of concern.*

Reading, Composing Written Material

1. The student visually tracks along a line of print. YES NO
2. The student reads text independently. YES NO
3. The student completes written tasks (e.g., paragraphs, essays, short answers). YES NO

- 4. The student correctly spells words needed to communicate in written form. YES NO
- 5. The student organizes his/her thoughts and ideas to produce written tasks/assignments. YES NO
- 6. The student writes in complete sentences using correct grammar and syntax (word order). YES NO

Comments: _____

****Samples of writing must be attached if written composition is an area of concern.

Learning, Studying, Math

- 1. The student understands basic cause/effect. YES NO
- 2. The student makes choices. YES NO
- 3. The student has sequencing skills. YES NO
- 4. The student can remember the steps necessary to accomplish school/ daily living tasks. YES NO
- 5. The student performs mathematical tasks needed for school and/or for daily living. YES NO
- 6. The student takes notes at the level needed in school and/or in daily living. YES NO

Comments: _____

Communication

- 1. The student responds to speech and noises in the environment. YES NO
- 2. The student speaks to communicate. YES NO

Check the student's current level of communicative functioning/expression.

___ gestures/facial expressions

___ 2-3 word utterances

___ vocalizations

___ signing

___ 1 word utterances

___ augmentative communication device/system

(please describe in the comments section)

3. The student's speech is understood by others. ___ YES ___ NO

4. The student's mode of communication is understood by others. ___ YES ___ NO

Comments: _____

Vision & Hearing

1. The student is able to see printed materials presented in the classroom. ___ YES ___ NO

2. The student is able to see toys/objects in the classroom environment. ___ YES ___ NO

3. The student is able to transfer information from a book, chart, and/or chalkboard to paper. ___ YES ___ NO

4. The student is able to see clearly with or without aids (ex. glasses, magnifiers). ___ YES ___ NO

5. The student is able to hear with or without the use of aids (ex. hearing aids, sound field system). ___ YES ___ NO

6. The student is able to hear speech/noise out of his/her field of vision. ___ YES ___ NO

7. The student responds best to speech when the stimulus is within six feet of the speaker. ___ YES ___ NO

Comments: _____

Vocational

1. The student is able to physically maintain position with or without aids for the job required. __ YES __ NO

2. The student is able to demonstrate sufficient stamina with or without aids for job required. __ YES __ NO

3. The student uses a computer without modifications. __ YES __ NO

4. The student holds the telephone and dials independently. __ YES __ NO

5. The student independently uses materials/equipment at a vocational training program. __ YES __ NO

6. The student independently uses stairs, elevators, lockers, etc. within the school/work/community environment. __ YES __ NO

Comments: _____

Possible assistive technology accommodations needed for LEAP testing:

Test accommodations are provided to minimize the effects of a student's disability to ensure that a student can demonstrate the degree of achievement he or she actually possesses. Test accommodations should not be different from or in addition to the accommodations provided in the classroom during instruction and assessment as indicated on the student's IEP. The goal in using accommodations is to give students with disabilities an equal opportunity in assessment, not to give students with disabilities an unfair advantage over other students or to subvert or invalidate the purpose of the tests.

1. The student, without requiring assistive technology, can follow test directions. __ YES __ NO

2. The student, without the use of assistive technology, can respond to test questions. __ YES __ NO

3. The student can access the test booklet and answer document without assistive technology. __ YES __ NO

Comments: _____

Summary of results:

Check area(s) where the student has received “NO” responses. Review and determine if a referral for further assessment is necessary.

- Positioning, Seating, Mobility, Recreation
- Activities of Daily Living, Environmental Controls
- Motor Aspects of Writing, Fine Motor, Computer Access
- Reading, Composing Written Material
- Learning, Studying, Math
- Communication
- Vision & Hearing
- Vocational
- LEAP Testing

Recommendations (to be filled out by person completing the form):

- 1. No AT is needed at this time. Document on the IEP.
- 2. AT is required; the IEP team knows what AT is needed and will implement.
Document use of AT on the IEP.
- 3. AT may be required, but team is not clear on what type of AT is needed. A referral should be made for further assessment. Indicate area(s) of concern:
 - Positioning, Seating, Mobility, Recreation
 - Activities of Daily Living, Environmental Controls
 - Motor Aspects of Writing, Fine Motor, Computer Access
 - Reading, Composing Written Material
 - Learning, Studying, Math
 - Communication
 - Vision & Hearing
 - Vocational
 - LEAP Testing

****If #3 is checked, complete the AT Referral Form (Appendix, AT-4).**

**Email the following to the Assistive Technology Coordinator at
Suzanne.Nugent@jppss.k12.la.us:**

- AT Consideration checklist (AT-1)**
- AT Screening Form (AT-3)**
- Handwriting samples (if applicable) and/or additional information**
- AT Referral Form (AT-4)**