

Assistive Technology Skills Inventory

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

Student Name:	DOB:	Date:
Case Manager:	Grade:	SLP:
Medical Diagnosis (if known):	Visual Acuity:	OT:
Reason for Request for AT Evaluation:		

Area of Difficulty

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

1.
2.
3.

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"/> 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 <input type="checkbox"/> Phonemic awareness <input type="checkbox"/> Other _____	Does the student have word attack skills?			
	Is the student able to decode independently? Level_____ Rate_____ WPM_____			
	Is the student able to comprehend when silently reading?			
	Is the student able to comprehend when reading aloud?			
	Is the student able to comprehend when read to?			
	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"/> Increased time for completing assignments <input type="checkbox"/> Decreased length of assignments 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.			
	Spells words well enough for written work.			
	Takes notes for assignments.			
	Follows an editing/revision process.			
	Completes worksheets with phrase/sentences.			
	Completes tests/form with fill-in-the-blanks.			
	Answers short answer responses.			
	Completes multi-paragraph essay responses.			
	Has the motor skills to use a keyboard and mouse.			
	Swipes/navigates with touchscreen.			
	Copies from a book.			
	Copies from board.			
	Writes legibly at reasonable rate.			
	Copies/records math calculations with correct alignment			

Area of Concern	Guiding Questions	Y	N	What have you tried in the past?
Math	Identifies numbers in isolation and sequence.			<input type="checkbox"/> Modified paper (bold/enlarged/raised line or 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, planner) <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.			
	Completes basic math calculations.			
	Comprehends word problems.			
	Shows work.			

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

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"/> 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.			
	Turns in assignments on time.			
	Locates assignments and/or materials.			