
Pennsylvania Assistive Device Center, Harrisburg.

25 Oct 88


Speeches/Conference Papers (150) -- Guides - Non-Classroom Use (055) -- Tests/Evaluation Instruments (160)

MF01/PC01 Plus Postage.

Assistive Devices (for Disabled); *Communication Aide* (for Disabled); *Communication Disorders; Elementary Secondary Education; *Needs Assessment; Resource Materials; *Student Evaluation; *Videotape Recordings

*Augmentative Communication Systems; Loan Programs

This packet of materials, which was prepared to accompany a conference presentation, contains a description of a videotape titled "Guidelines for Assessment and Evaluation of Students with Augmentative and Alternative Communication Needs." This 70-minute videotape follows three children through the assessment and evaluation process to determine what types of communication systems would be helpful for them. Also included is a list of 10 books and 35 kits available from the Pennsylvania Special Education Assistive Device Center (ADC). The kits contain a wide variety of equipment, books, and tools to evaluate students' needs for assistive devices. The information packet concludes with an assessment guide for use in preparation of a long-term loan application for an assistive device from the ADC. The assessment guide examines the student's developmental level; current service, and equipment being used; unmet needs for communication and writing; potential to achieve; present instructional levels in reading, math, writing and typing, computer use, and communication/language functioning; specific barriers; and environmental considerations. (JDD)
The Assessment Process

"Guidelines for Assessment and Evaluation of Students with Augmentative and Alternative Communication Needs"

presented by the Pennsylvania Assistive Device Center

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International Society for Augmentative and Alternative Communication
1988 Biennial Conference
Anaheim, California
October 23-26, 1988

October 25, 1988
8:30 - 9:30
Room: Yorba
The Assessment Process (videotape)

Colleen A. Haney, M.Ed., CCC/SLP
Pennsylvania Assistive Device Center

Objectives of the Presentation:

The participants will:

- become familiar with a 10-step process for assessment and evaluation of clients with augmentative communication needs
- learn components and procedures for collecting information on testing the client for each of the 10 steps
- be provided with a form for collecting information and test recording and a list of materials contained in an assessment kit
- become familiar with a team approach to assessment and identify the roles of team members

Level of Expertise: introductory and intermediate

Outline

I. Sample Case Study: Bobby - mild CP, age 6, fetal alcohol syndrome
   A. Complete process
   B. Augmentative communication components
   C. Feature match
   D. Trial run
   E. Recommendations

II. Sample Case Study: Hope - CP, mixed, age 8
   A. More involved motor assessment
   B. Adapting language testing materials for motor disabilities
   C. Option of several modes of communication

III. Sample Case Study: Bengie - CP, mixed, age 16
   A. Assessment of present technology
   B. Issues of speed and efficiency
   C. Environmental control
Video Tape Request Form

Title: "Guidelines for Assessment and Evaluation of Students with Augmentative and Alternative Communication Needs" Time: 70 minutes

This video follows three children through the assessment and evaluation process to determine what types of communication systems would be helpful for them. Both assessment and evaluation are referred to as part of a process rather than specific techniques. In assessment, facts are gathered and in evaluation, the information is interpreted.

The importance of interdisciplinary techniques are stressed. The most appropriate assessment occurs when local therapists and teachers work with the child in his/her natural environment.

Through this video, the following ten steps in the assessment/evaluation process are illustrated:

1. Identification of the student’s needs
2. Gather background information on the student
3. Interview family & staff
4. Interview and observe student in a natural environment
5. Motor assessment
6. Language assessment
7. Matching the student’s needs to specific equipment’s features
8. Mock up/trial run
9. Evaluation of Results
10. Follow along / Communication competency

The video stresses that assessment should not take place in isolation.

As a result of the assessment phase, a list should be made of the child’s characteristics focusing on the whole child and his/her other methods of communication. A total Communication program, aided and unaided, is planned for the child. If technology is to be considered, the list of the child’s characteristics may be matched to product descriptions. After a trial period, the technology or systems selected should be evaluated to determine their appropriateness to the total system for the child.

* * * * * * * * * * * * * * * * Guideline for Assessment and Evaluation of Students with Augmentative and Alternative Communication Needs (1987)

I have enclosed a blank T120 videocassette for each tape requested. Please send the video tapes to:

Name: ____________________________
Facility: ___________________________ Phone: (____) _______
Street: ____________________________
City, State, Zip: ____________________

Return this form and blank T120 videocassette(s) to: Central SERRC
ATTN: Kay Dively
150 South Progress Avenue
Harrisburg, PA 17109

ISAAC Conference 1988
Colleen A. Haney, M.Ed., CCC/SLP
FACTSHEET 14: ASSESSMENT KITS FOR LOCAL AUGMENTATIVE SPECIALISTS

In the fall of 1986, the Assistive Device Center initiated the formation of a network of “local augmentative specialists” (LAS) across Pennsylvania. This network was to include representatives from each Intermediate Unit area (teachers, therapists, etc.) who would receive comprehensive, on-going training concerning assistive device technology. These individuals would then act as local resource persons regarding assistive devices.

Part of the LAS role involves conducting assessments and providing technical assistance regarding the evaluation process to determine students’ needs for assistive devices. To aid the LAS in this function, the ADC provided each LAS team manager with an assessment kit containing a wide variety of equipment, books and tools.

The items included in the following list comprise the contents of the assessment kits. The items can be used as a first step in the assessment process to determine if a student could possibly benefit from an assistive device and what features the assistive device should possibly have to meet the student’s needs.

**ITEMS TO BE INCLUDED IN THE LAS KIT:**

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Catalog Number</th>
<th>Price</th>
<th>Vendor Address</th>
<th>Phone Number</th>
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<tr>
<td>1</td>
<td>2 Battery Adapters (for toys)</td>
<td>#720</td>
<td>$11.50</td>
<td>Don Johnston Developmental Equipment</td>
<td>312-526-2782</td>
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<td>2</td>
<td>CORE Picture Vocabulary heavy duty</td>
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<td>3</td>
<td>CORE Picture Vocabulary Stickers</td>
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<td>7</td>
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<td>8</td>
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<td>Viziflex Seels, Inc.</td>
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<td>Street Electronics Corporation</td>
<td>805-684-4593</td>
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<td>10</td>
<td>TouchCom Software</td>
<td>#S61</td>
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<td>12</td>
<td>Apple 2e cable to PowerPad</td>
<td></td>
<td>$9.95</td>
<td>Dunamis, Inc.</td>
<td>404-476-4934</td>
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<td>$39.00</td>
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<td>16</td>
<td>Tread Switch</td>
<td>#CM-1</td>
<td>$39.00</td>
<td>ZYGO Industries, Inc.</td>
<td>503-297-1724</td>
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<tr>
<td></td>
<td>Local Representative: Ron Baxter</td>
<td></td>
<td></td>
<td>Rehabilitation Institute of Pittsburgh</td>
<td>412-521-9000 Ext. 373</td>
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17. Mounting Switch
   Catalog #766 @ $67.50
   Don Johnston Developmental Equipment

18. Wobble Switch with clamp
   @ $50.00
   Compuability
   The Handicapped's Source
   101 Route 46 East, Pine Brook, NJ 07058
   201-882-0171

19. Gooseneck Mount
   Catalog #SMT Switch Mounting Kit for table
   @ $45.00
   Prentke-Romich Company
   1022 Heyl Road, Wooster, OH 44691
   216-262-1984

20. Adjustable Chinstick/Headpointer
    Catalog #401 @ $115.00
    Don Johnston Developmental Equipment

21. Symbol Training Display
    Catalog #187 @ $165.50
    Don Johnston Developmental Equipment

22. Tri-fold Communication Board
    Catalog #110 @ $32.50
    Don Johnston Developmental Equipment

23. 3” Foam Wedge
    @ $1.00
    Scott Foam, Factory Outlet Store
    1500 East Second St., Eddystone, PA 19013
    215-876-6212

24. 6” Foam Wedge
    @ $1.80
    Scott Foam, Factory Outlet Store

25. 2 1/2” rectangle foam
    @ $0.25
    Scott Foam, Factory Outlet Store

26. 1 1” rectangle foam
    @ $0.50
    Scott Foam, Factory Outlet Store

27. 1 2” rectangle foam
    @ $1.00
    Scott Foam, Factory Outlet Store

28. 1 yd. velcro hook & pile, 2 yds. elastic
    @ $3.00 yd., 3/4” elastic @ $0.55 yd.
    1/2” elastic @ $0.25 yd.
    Local Fabric Store

29. Assorted Safety Pins
    @ $1.69
    Local Fabric Store

30. Scissors
    @ $1.99
    Local Fabric Store

31. Flexible tape measure
    @ $1.05

32. 1 ACS Lip'ntipointer with charger
    @ $295.00
    Adaptive Communication Systems
    Box 12440, Pittsburgh, PA 15231
    412-264-2288

33. 1 Battery operated toy
    @ $24.00
    Toys for Special Children
    Steven Kanor, 8 Main St., Hastings-On-Hudson
    New York 10706
    914-478-0858 or 914-478-0960

34. 1 ft. Dycem
    Catalog #BK-6612, Bulk Roll @ $173.55
    1 ft. = $5.43
    Fred Sammons, Inc. BeOK!
    Box 32, Brookfield, IL 60513-0032
    1-800-323-7305

35. Wobble Switch
    Catalog #WS-1 @ $108.00
    Prentke-Romich Company

BOOKS:

1. “Communication for the Speechless”
   By Franklin H. Silverman
   @ $36.33
   Prentice-Hall Inc.
   Englewood Cliffs, NJ
   201-767-5049

2. “Everybody’s Technology”
   By Christiane Charlebois-Marois
   @ $19.50
   College-Hill Press, 4284 41st St.
   San Diego, CA 92105
   619-563-8899

3. “Adaptive Play for Special Needs”
   By Caroline Ramsey Musselwhite
   @ $19.50
   College-Hill Press, 4284 41st Street
   San Diego, CA 92105
   619-563-8899
4. "Prerequisites to Augmentative Communication"
By the Augmentative Communication Team
(Porter, Carter, Goolsby, Martin, Reed, Stowers, Wurth)
Division for Disorders of Development and Learning
University of North Carolina
Chapel Hill, North Carolina 27514
919-962-2211

5. "Communication Programming for the Severely Handicapped"
By Musselwhite & St. Louis
@ $24.50
College-Hill Press

6. "Lekotek Plan Book"
By Carl Gulbrandsen & Sill Grogg
@ $8.00
LEKOTEK, 613 Dempster St.
Evanston, IL 60201
312-328-0001

7. "More Homemade Battery Devices for Severely Handicapped Children with Suggested Activities"
By Linda J. Burkhart
@ $12.50
Linda J. Burkhart, 8503 Rhode Island Ave.
College Park, MD 20740

8. "The More We Do Together"
@ $5.00
World Rehabilitation Fund, Inc.
400 East 34 Street, New York, NY 10016
212-679-2934

By Carol Goosens & Sharon Crain
Catalog #341 @ $35.00
Don Johnston Developmental Equipment

10. "From Toys to Computers: Access for the Physically Disabled Child"
By Christine Wright & Mari Nomura
Catalog #C51 @ $17.00
Don Johnston Developmental Equipment
ASSESSMENT GUIDE FOR LONG TERM LOAN APPLICATION

The following worksheet is intended as a guide providing the user with more specific information and ideas on pertinent areas to consider in conducting an assessment and evaluation for a student with assistive device needs. This document will aid the user in preparation of the ADC Long Term Loan Program Application; numbers refer to that document, Section 4: Instructions for Completing an Application.

NAME ___________________________ BIRTH DATE _______________ AGE __________

SCHOOL PROGRAM ________________________________

MEDICAL DIAGNOSIS: _________________________________________________________

CURRENT MEDICATIONS: ____________________________________________________

HANDICAPPING CONDITIONS:

___Cerebral Palsy      ___Emotional Disturbances
___Neuromuscular Disease ___Tracheostomy
___Spinal Cord Injury ___Vocal Abuse
___Amputation              ___Hearing Problems
___Mental Retardation ___Vision Problems
___Brain Injury ___English As A Second Language

DEVELOPMENTAL LEVEL OF FUNCTIONING:

___Infant
___Early Childhood
___Elementary
___Middle School
___Secondary
TYPE OF CLASSROOM PLACEMENT:

___Self-contained
___Regular Education
___Resource Room
___Mainstreamed
___Approved School

ADAPTIVE EQUIPMENT USED:

___Powered wheelchair          ___Writing Aids
___Manual wheelchair           ___Computer
___Wheelchair, pushed by another ___Manual communication board
___Regular chair with pelvic belt ___E-tran
___Other (Please list.)


CURRENT SERVICES STUDENT RECEIVING:

___Speech and Language
___Occupational Therapy
___Physical Therapy
___Other (Please list.)

4.2:1 PRESENT UNMET NEEDS FOR COMMUNICATION, WRITING, AND/OR EDUCATIONAL MATERIALS

Check those categories of function which apply:

___Verbal
___Nonverbal
___Verbal approximations or gestural language present but insufficient
Physical disabilities limit writing, typing, computer access, etc.

Physical disabilities interfere with writing, typing, computer access, etc. and additional assistance is needed

Disabilities warrant the need for enlarged curricular materials due to visual handicap

Very early stages of language and cognitive development and has no present means to express language

Describe specific performance in greater detail (i.e. "student cannot write with a pencil, but can type with one finger at the rate of 10 characters per minute with 80% accuracy", "student cannot manipulate turning the pages of a book", "student indicates 'yes' by looking up, but requires an unambiguous way to communicate with teachers and peers in the classroom" etc.

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4.2:2 DOCUMENTATION OF PRESENT INSTRUCTIONAL LEVELS AND POTENTIAL TO ACHIEVE:

A. Prerequisites for Language
(from Paul Yoder & Patricia Porter, ISAAC Conference, International Society for Augmentative and Alternative Communication, October 1984.)

1. Does the client have preferences as evidenced by some observable behavior or attention to some stimuli as opposed to other stimuli? Examples of such stimuli may be human faces, human voices, novelty, stimuli with contours, complex stimuli, etc.  ____YES ____NO

Assessment options:
   a). Direct observation for consistent response when presented with several attractive stimuli.
   b). Interview of important others as to what the client prefers. Ask how they know?

2. Does the client have reliable motoric control over at least one part of the body that can later be used as a signal?  ____YES ____NO

Assessment options:
   a). Referral to O.T./P.T. If not available, consider #b—d.
   b). Interview of important others as to how they know what the client wants, and what body part he/she can move most reliably.
   c). Direct observation of daily activities.
   d). Direct observation of performance on requested tasks in the clinic that require movement of various parts of the client's body. Then ask important others if this movement is one that the client makes reliably.

3. Does the client make choices of preferred stimulus in three out of four trials?  ____YES ____NO
4. Does the client indicate a stimulus that examiner names in three out of four trials?  ____YES  ____NO

Assessment Options:
a). Elicited procedure:
  Materials:
  1). Four of the client's favorite objects of foods.

Assessment Procedure:
1). Begin by putting two of these favorite stimuli in front of the client.
2). Ask her/him to "Point (indicate, etc.) the (x)".
3). Switch the location of the stimuli and repeat for four trials.
4). Add two more stimuli and repeat #1)-3).

5. Does the client match photographs or drawings to objects they represent in three out of four trials?  ____YES  ____NO

Assessment options:
a). Elicited procedure:
  Materials:
  1). Four pictures, drawings, or photos that look like their referents.

Assessment procedure:
1). Present the two photos in front of the client on a table. Place one of the corresponding referents behind the photo.

B. PRE-READING AND READING SKILLS:

1. object/picture recognition  __YES  __NO
2. symbol recognition (Bliss, Rebus, etc.)  __YES  __NO
3. auditory discrimination of sounds  __YES  __NO
4. auditory discrimination of words, phrases  __YES  __NO
5. selects initial letter of word  __YES  __NO
6. follows simple directions  __YES  __NO
7. sight word recognition  __YES  __NO
8. can put two symbols or words together to express an idea  __YES  __NO
9. reading comprehension level (grade level) ____________
10. spelling level (grade level) ________________
C. MATH ABILITIES:
Math level (grade level & describe, e.g., can do simple addition and subtraction, fractions, basic algebra, etc.)

D. WRITING AND TYPING ABILITIES:
1. independent, legible, but takes a long time __YES__ NO
2. can hold pencil, is illegible, is difficult __YES__ NO
3. can type slowly, w/one digit __YES__ NO
4. can type slowly, w/more than one digit __YES__ NO
5. can type slowly, w/head or mouthstick __YES__ NO
6. fatigues easily, needs another's assistance __YES__ NO
7. does NOT write __
8. does NOT type __

E. COMPUTER USE:
1. uses word processing __YES__ NO
2. uses w/adapted or expanded keyboard __YES__ NO
3. uses with single switch __YES__ NO
4. software presently using: (Please list.)


5. has NEVER used a computer __

F. COMMUNICATION/LANGUAGE FUNCTIONING
1. desires to communicate __YES__ NO
2. initiates interaction:
   __always__ __frequently__ __occasionally__ __seldom__ __never__
3. responds to communication interaction:

__always__ frequently ___occasionally ___seldom ___never

4. "YES" and "NO" responses:

___shakes head ___signs
___vocalizations ___word approximations
___eye gaze ___gestures
___points to board ___does not have a consistent and reliable response

Can a person unfamiliar with the student understand the response? ___YES ___NO

Describe the types and all the responses the student uses. Also describe how reliably and consistently it is used.

________________________________________________________________________

________________________________________________________________________

5. present means to communicate: (Check all the methods used, and circle the primary method the student uses.)

___gestures ___facial expressions
___vocalizations ___semi-intelligible speech
___pointing ___intelligible speech
___sign language ___sign language approximations
___communication board ___eye-gaze/eye movement
___electronic system ___typing
___writing
___reliable "yes/no" response

___other. Please describe: __________________________________________________________

________________________________________________________________________
6. **current level of receptive language:**

   age approximation: ____________________

   Formal Tests used and scores: __________________________________________________________

   If formal testing is not possible, please give an approximate age or developmental level of functioning. Explain your rationale for this estimate.

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

7. **current level of expressive language:**

   age approximation: ____________________

   Formal Tests used and scores: __________________________________________________________

   If formal testing is not possible, please give an approximate age or developmental level of functioning. Explain your rationale for this estimate.

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

8. **communication interaction skills:**

   Interaction with peers:

   ______ always ______ frequently ______ occasionally ______ seldom ______ never

   Demonstrates awareness of Listener's attention:

   ______ always ______ frequently ______ occasionally ______ seldom ______ never

   Asks questions:

   ______ always ______ frequently ______ occasionally ______ seldom ______ never

   Requests clarification from communication partner ("Would you please say that again?", "I didn't understand. Please repeat.", "Did you mean...?", etc.):

   ______ always ______ frequently ______ occasionally ______ seldom ______ never
G. FORMAL TEST SCORES

List all other formal tests, and their scores. (e.g. psychologicals, intelligence tests, behavioral scales, observational checklists, etc.):


H. POTENTIAL TO ACHIEVE

(Describe the student's future potential academic needs and her/his anticipated future communication needs.)


4.2:3 SPECIFIC BARRIERS

A. CURRENT MOTOR ABILITIES/ PROBLEMS

(An occupational therapist and/or physical therapist may need to be consulted with, for this section.)

1. Mobility, (Please list all that apply.)

___ walks independently

___ has difficulty walking

___ walks w/assistance, ___ w/adult, ___ w/appliance

___ crawls, wiggles, rolls, or creeps independently

___ uses powered wheelchair

___ learning to use powered chair

___ uses manual wheelchair

___ learning to use manual wheelchair
has NEVER had opportunity to try a powered chair

can transfer in & out of chair independently

needs another person to push chair and to transfer in & out

Describe the degree of mobility. (Can travel within the classroom independently, for short distances, learning to control chair, etc.)

2. Voluntary, isolated, controlled movements (Observe the student using a switch, paper & pencil, typewriter, computer, etc. Describe the movement as well as the activities and situations observed).

- Left Hand
- Right Hand
- Head
- Left Foot
- Right Foot
- Mouth
- Tongue
- Finger
- Other. Please describe.

3. Range of motion. Describe briefly any specific limitations. Also describe the specific range in which the student has the most motor control.
4. Reflexes and Abnormal Muscle Tone. Describe briefly any early reflex patterns which are exhibited by the student and may interfere with their voluntary control. Also describe any patterns of low or high muscle tone which may interfere with or be considered when assessing the student's voluntary motor control.


5. Accuracy and Fatigue. Describe the student's tolerance for a motor task, and how easily they become fatigued. Also discuss how accurate, reliable and consistent the student's motor patterns are in particular tasks in particular situations.


6. Time. Describe how long in real minutes it requires for the student to complete a particular motor task.


B. SEATING AND POSITIONING OF STUDENT:

- Sits in regular chair
- Sits in regular chair w/pelvic belt
- Sits easily, comfortably in wheelchair, most of day
- Sits in wheelchair, part of day
- Wheelchair has been adapted to fit
- Wheelchair NEEDS to be adapted to fit
- Wheelchair in process of being adapted to fit
- Spends part of day out of chair, in prescribed position
- Spends most of day out of chair, is uncomfortable
___ Enjoys many positions throughout day, based on activity
___ Dislikes most other positions, other than chair.
___ Has few opportunities for other positions.
___ Other. Please describe:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

___ Uses regular desk
___ Uses tray on wheelchair for "desktop"
___ Uses adapted table
___ Has difficulty using table or desk
___ Other. Please describe.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Describe specific chair or chairs used. Describe tray, desk, and/or table surface the student uses. If possible, take a photograph and attach it.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Describe other positions student assumes or is placed in by adult. If possible, take a photograph and attach it.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
C. VISUAL ABILITIES/PROBLEMS

- passed school vision screening
- wears glasses
- can fixate vision on a stationary object
- can look to right and left without moving head
- recognizes people
- recognizes common objects
- recognizes photographs
- recognizes symbols or pictures

Which symbols or pictures?

What size symbol or picture?

Color or Black & white?

Include any reports completed by another professional which describe visual-perceptual abilities. A visual-perceptual test may need to be requested of the occupational therapist.

D. AUDITORY ABILITIES/PROBLEMS

- passed school hearing screening ___dB level
- attends to sounds
- discriminates sounds
- understands speech

Include any reports completed by another professional which describe auditory abilities. An audiologist may need to be consulted to test specific skills within a sound-proofed environment.

E. MEDICAL CONSIDERATIONS

- history of seizures
- currently on medication for seizure control
- has degenerative medical condition
- currently on prescribed medication

19
__has frequent pain
__has multiple health problems
__has frequent upper respiratory infections
__has frequent ear infections
__has orthopedic problems
__other. Describe briefly:

Include any reports from specialists which describe the student's present medical condition, and/or future prognosis. Describe briefly the impact their medical condition may have on their abilities.

F. BEHAVIOR

Don't forget to consider and describe the student's individual, daily patterns of behavior. These could include preferred learning styles (e.g. independent, exploring, stays back and watches others first, needs lots of reassurance, overly excited at new tasks, resists new tasks, fears change, easily frustrated, persistent, determined to complete task, aggressive, passive, a chronic management problem, eager for adult contact, etc.) as well as a description of the student's own personality.

G. MOTOR ASSESSMENT FOR DEVICE ACCESS AND USE

1. Input Technique:

DIRECT SELECTION:

__Left hand
__Right Hand
__Single Digit, Which one? ____________
__Head
Other. Please describe:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

ASSISTED DIRECT SELECTION:

___head pointer
___chin stick
___light beam
___light sensor
___pointers (adapted), hand grips, etc.
___other. Please describe.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

SCANNING:

Preferred control site (body site):

Other possible control sites:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Preferred Control Type (switch):

___tread  ___light touch
___wobble  ___touch
___arm slot  ___rocker
___lever  ___air cushion
____ eye brow ____ muscle
____ tongue ____ sip/puff
____ joystick
____ other. Please describe:


ENCODING:
____ Color coding
____ Letter coding
____ Number coding
____ Morse code
____ Other. Please describe.


2. Symbols:

TYPE:
____ Color ____ Black & White
____ Photographs ____ Line drawings
____ Specific symbol set. (e.g. Bliss, Rebus, PIC, etc.)
____ Other. Please describe.

SIZE:
____ 1/2 inch squares
____ 1 inch squares
____ 2 inch squares

2 2
__over-sized squares
__Other. Please describe.

________________________________________________________

________________________________________________________

AMOUNT:
Number of symbols used: ____________________________
Configuration and/or arrangement of symbols used:
__categories __topics
__grammatical
__Other. Please describe.

________________________________________________________

________________________________________________________

3. Positioning/Mounting the Device
__Commercial Mount for wheelchair available and appropriate
__Customized mount for wheelchair is needed
__Mount needed for use with computer
__Key to _ of computer needs mounting
__Other problems. Please describe.

________________________________________________________

________________________________________________________

23
THE DEVICE SELECTED WILL HELP MEET EDUCATIONAL GOALS BECAUSE:

Please describe specific plans to put into effect the student's goals and objectives.

__________________________________________
__________________________________________
__________________________________________

4.2:5 (NAME OF DEVICE)__________________________ IS APPROPRIATE because (student)__________________________ can access it by (DIRECT SELECTION, SCANNING, ENCODING) using the (body part)__________________________ and (switch selection)__________________________ to input (objects, pictures, symbols, letters, numbers, words, phrases, letter codes, icons) for the output of (auditory, visual, LCD, monitor, hard copy printer, combination, more than one).

Describe the student's characteristics and how their skills and needs can be met by the specific features of a particular device or devices.

__________________________________________
__________________________________________
__________________________________________

4.2:6 PAST HISTORY OF AUGMENTATIVE COMMUNICATION AID

Describe communication systems that have already been tried with the student. Discuss the results. (Remember to include: gestures, sign language, communication board, E-trans, electronic devices, computer use, and/or switch use. Describe how the student accessed them, how long they used them, and how well they worked for the student.)

<table>
<thead>
<tr>
<th>COMMUNICATION AID</th>
<th>SPECIFICS</th>
<th>RESULTS</th>
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4.2:7 ENVIRONMENTAL CONSIDERATIONS, PROBLEMS AND BARRIERS:

Describe the environments in which the student will be using the device. Discuss the features the system/device will need in order to function well within those environments.

- Portability
- Safety
- Weight of Device
- Use at Home w/Family
- Use During Activities of Daily Living (toileting, meals, etc.)
- Classroom Work
- Recreational Activities
- Outdoor Use
- Transportation of Student With Device