

Student Name: _____

Date: _____



WATI Student Information Guide

SECTION 3

Computer Access

1. Current Computer Access

How does the student currently access the computer?

- | | |
|--|---|
| <input type="checkbox"/> Doesn't access the computer | <input type="checkbox"/> Adapted keyboard/mouse _____ |
| <input type="checkbox"/> Touch type with two hands | <input type="checkbox"/> Specialized Software _____ |
| <input type="checkbox"/> Hunt/peck with one hand | <input type="checkbox"/> Head _____ |
| <input type="checkbox"/> Touch type with one hand | <input type="checkbox"/> Speech recognition _____ |
| <input type="checkbox"/> Hunt/peck with one hand | <input type="checkbox"/> Switch scanning _____ |
| <input type="checkbox"/> Touchscreen | <input type="checkbox"/> Other _____ |

List current AT _____

What difficulty is the student having with current method? _____

2. Previous Assistive Technology

List any AT tried in the past for computer access and describe how it worked. _____

3. Physical Abilities

Does student have limitations to range of motion? ☐ Yes ☐ No

Does student have abnormal reflexes or abnormal muscle tone? ☐ Yes ☐ No

Does student have difficulty with accuracy? ☐ Yes ☐ No

Does student fatigue easily? ☐ Yes ☐ No

Describe how physical abilities affect computer use. _____

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Date: _____



4. Motor Control

Does the student have voluntary, controlled movement of the following? (check all that apply)

- | | | |
|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Right hand | <input type="checkbox"/> Left hand | <input type="checkbox"/> Head |
| <input type="checkbox"/> Right arm | <input type="checkbox"/> Left arm | <input type="checkbox"/> Eyes |
| <input type="checkbox"/> Right leg | <input type="checkbox"/> Left leg | <input type="checkbox"/> Mouth |
| <input type="checkbox"/> Right foot | <input type="checkbox"/> Left foot | <input type="checkbox"/> Voice (Speech) |
| <input type="checkbox"/> Finger(s) | <input type="checkbox"/> Other _____ | |

5. Positioning

How is the student positioned for computer access?

- ☐ Regular classroom chair
- ☐ Regular classroom chair with adaptations _____
- ☐ Specialty chair _____
- ☐ Wheelchair _____
- ☐ Other _____

6. Sensory

Does the student have any issues with hearing? ☐Yes ☐No

Does the student have any issues with vision? ☐Yes ☐No

Describe how sensory issues abilities affect computer use. _____

7. Literacy

Is the student working at grade level in the following areas?

Reading ☐Yes ☐No _____

Composition ☐Yes ☐No _____

Spelling ☐Yes ☐No _____

Math ☐Yes ☐No _____

Computer Skills ☐Yes ☐No _____

8. Summary of Students Abilities and Concerns Related to Computer Access
