

Student Name: _____

Date: _____



WATI Student Information Guide

SECTION 1

Seating, Positioning and Mobility

1. Current Seating and Positioning of Student (Check all that apply.)

- ☐ Sits in regular chair w/ feet on floor
- ☐ Sits in regular chair w/ pelvic belt or foot rest
- ☐ Sits in adapted chair—list brand or describe: _____
- ☐ Sits in seat with adaptive cushion that allows needed movement
- ☐ Sits comfortably in wheelchair _____ part of day _____ most of the day _____ all of the day
- ☐ Wheelchair in process of being adapted to fit
- ☐ Spends part of day out of chair due to prescribed positions
- ☐ Spends part of day out of chair due to discomfort – specific or general area of discomfort _____
- ☐ Uses many positions throughout the day, based on activity
- ☐ Has few opportunities for other positions
- ☐ Uses regular desk
- ☐ Uses desk with height adjusted
- ☐ Uses tray on wheelchair for desktop
- ☐ Uses adapted table

2. Description of Seating (Check all that apply.)

- ☐ Seating provides trunk stability
- ☐ Seating allows feet to be flat on floor or foot rest
- ☐ Seating facilitates readiness to perform task
- ☐ There are questions or concerns about the student's seating
- ☐ Student dislikes some positions, often indicates discomfort in the following positions _____

How is the discomfort communicated? _____

- ☐ Student has difficulty using table or desk—specific example: _____
- ☐ There are concerns or questions about current seating.
- ☐ Student has difficulty achieving and maintaining head control, best position for head control is _____

How are their hips positioned? _____

- ☐ Can maintain head control for _____ minutes in _____ position.

Summary of Student's Abilities and Concerns Related to Seating and Positioning

Student Name: _____

Date: _____



WATI Student Information Guide

SECTION 2

Communication

1. Student's Present Means of Communication

(Check all that are used. **Circle the primary method** the student uses.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Changes in breathing patterns | <input type="checkbox"/> Body position changes | <input type="checkbox"/> Eye-gaze/eye movement |
| <input type="checkbox"/> Facial expressions | <input type="checkbox"/> Gestures | <input type="checkbox"/> Pointing |
| <input type="checkbox"/> Sign language approximations | <input type="checkbox"/> Sign language (Type _____ # signs _____
combinations _____ # signs in a combination _____) | |
| <input type="checkbox"/> Vocalizations, list examples _____ | | |
| <input type="checkbox"/> Vowels, vowel combinations, list examples _____ | | |
| <input type="checkbox"/> Single words, list examples & approx. # _____ | | |
| <input type="checkbox"/> 2-word utterances | <input type="checkbox"/> 3-word utterances | |
| <input type="checkbox"/> Semi intelligible speech, estimate % intelligible: _____ | | |
| <input type="checkbox"/> Communication board | <input type="checkbox"/> Tangibles | <input type="checkbox"/> Photos <input type="checkbox"/> Symbols <input type="checkbox"/> Visual Scenes |
| <input type="checkbox"/> Combination symbols/words | <input type="checkbox"/> Words | |
| <input type="checkbox"/> 2 symbol combinations- list examples _____ | | |
| <input type="checkbox"/> 3 or more symbol combinations – list examples _____ | | |
| <input type="checkbox"/> Communication book/binder – number of pages in book/binder _____ | | |
| Does student navigate to desired page/message independently? <input type="checkbox"/> yes <input type="checkbox"/> no | | |
| <input type="checkbox"/> Schedule board(s) – list examples _____ | | |
| <input type="checkbox"/> Speech Generating device(s) - please list _____ | | |
| <input type="checkbox"/> Multiple overlays or levels – list examples _____ | | |
| <input type="checkbox"/> Partner Assisted Scanning – please describe strategies and communication system _____ | | |
| _____ | | |
| <input type="checkbox"/> Intelligible speech <input type="checkbox"/> Writing <input type="checkbox"/> Other _____ | | |
| Comments about student's present means of communicating _____ | | |
| _____ | | |

Purposes of Communication

Does the student communicate:

- | |
|--|
| <input type="checkbox"/> Wants/Needs – list examples _____ |
| <input type="checkbox"/> Social interactions – list examples _____ |
| <input type="checkbox"/> Social etiquette - list examples _____ |
| <input type="checkbox"/> Denials/rejections – list examples _____ |
| <input type="checkbox"/> Shared information, including joint attention – list examples _____ |
| _____ |

Student Name: _____

Date: _____



2. Those Who Understand Student's Communication Attempts (Check best descriptor.)

	Most of the time	Part of the time	Rarely	Not Applicable
Strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers/therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Current Level of Receptive Language

Age approximation _____

If formal tests used, name and scores _____

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

4. Current Level of Expressive Language

Age approximation: _____

If formal tests used, name and scores _____

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

5. Communication Interaction Skills

Desires to communicate ☐ Yes ☐ No

To indicate *yes* and *no* the student

- | | | | | |
|--|---|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Shakes head | <input type="checkbox"/> Signs | <input type="checkbox"/> Vocalizes | <input type="checkbox"/> Gestures | <input type="checkbox"/> Eye gazes |
| <input type="checkbox"/> Points to board | <input type="checkbox"/> Uses word approximations | <input type="checkbox"/> Does not respond consistently | | |

Can a person unfamiliar with the student understand the response? ☐ Yes ☐ No

(Continued on next page)

Student Name: _____

Date: _____



Does the student (check best descriptor)

	Always	Frequently	Occasionally	Seldom	Never
Turn toward speaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get other's attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interact with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Show awareness of listener's attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiate interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respond to communication interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Request clarification from communication partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repair communication breakdowns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Require verbal prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Require physical prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain communication exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terminate communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe techniques student uses for repair (e.g. keeps trying, changes message, points to first letter etc.).

6. Student's Needs Related to Devices/Systems (Check all that apply.)

- ☐ Walks ☐ Uses wheelchair ☐ Carries device under 2 pounds
☐ Drops or throws things frequently ☐ Needs digitized (human) speech
☐ Needs device w/large number of words and phrases
☐ Requires scanning
☐ Requires auditory preview
☐ One reliable switch site ☐ More than one reliable switch site
☐ Other _____

7. Pre-Reading and Reading Skills Related to Communication (Check all that apply.)

- ☐ Yes ☐ No Object/picture recognition
☐ Yes ☐ No Symbol recognition (tactile, Mayer-Johnson, Rebus, etc.) Number of symbols _____
☐ Yes ☐ No Auditory discrimination of sounds
☐ Yes ☐ No Auditory discrimination of words, phrases
☐ Yes ☐ No Selects initial letter of word
☐ Yes ☐ No Follows simple directions
☐ Yes ☐ No Sight word recognition Number of words _____
☐ Yes ☐ No Recognizes environmental print
☐ Yes ☐ No Puts two symbols or words together to express an idea

List any other reading or pre-reading skills that support communication _____

Student Name: _____

Date: _____



8. Visual Abilities Related to Communication (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Maintains fixation on stationary object | <input type="checkbox"/> Looks to right and left without moving head |
| <input type="checkbox"/> Visually recognizes people | <input type="checkbox"/> Scans matrix of symbols in a grid |
| <input type="checkbox"/> Visually recognizes common objects | <input type="checkbox"/> Scans line of symbols left to right |
| <input type="checkbox"/> Visually recognizes photographs | <input type="checkbox"/> Visually shifts horizontally |
| <input type="checkbox"/> Visually recognizes symbols or pictures | <input type="checkbox"/> Visually shifts vertically |
| <input type="checkbox"/> Needs additional space around symbol | <input type="checkbox"/> Looks at communication partner |
| <input type="checkbox"/> Requires high contrast symbols or borders | <input type="checkbox"/> Benefits from “zoom” feature |

Is a specific type (brand) of symbols or pictures preferred? _____

What size symbols or pictures are preferred? _____

What line thickness of symbols is preferred? _____ inches

Does student seem to do better with black on white, white on black, or a specific color combination for figure/ground discrimination? _____

Explain anything else you think is significant about the communication system the student currently uses or his/her needs (Use an additional page if necessary) _____

9. Sensory Considerations:

Does the student have sensitivity to:

- ☐ Velcro
- ☐ Synthesized (computer generated) voices
- ☐ Volume
- ☐ Switch feedback (clicking noise)
- ☐ Tactile sensations
- ☐ Other

Explain student's reaction to any of the checked items _____

Student Name: _____

Date: _____



What are the communication expectations for the student in different environments?

School (regular and special ed., with peers, formal and informal- such as lunch room settings)

Home _____

Community (stores, restaurants, church, library, etc.) _____

Summary of Student's Abilities and Concerns Related to Communication including past AT used to support student's communication _____

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. _____

Student Name: _____

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

Student Name: _____

Date: _____



WATI Student Information Guide

SECTION 4 Motor Aspects of Writing

1. Current Writing Ability (Check all that apply.)

- | | |
|---|-------------------------------------|
| Writes independently and legibly | Pretend writes |
| Writes cursive | Uses adapted pencil or pencil grips |
| Writes on 1" lines | Holds pencil, but does not write |
| Writes on narrow lines | Copies from book (near point) |
| Uses space correctly | Copies from board (far point) |
| Sizes writing to fit spaces | Copies simple shapes |
| Prints a few words | Writing is limited due to fatigue |
| Prints name | Writing is slow and arduous |
| Scribbles with a few recognizable letters | |

2. Current Keyboarding Ability (Check all that apply.)

- | | |
|--|--------------------------------------|
| 10 finger typing (functional speed) | Uses alternate keyboard (list) _____ |
| Multi finger typing (functional or slow) | Uses access software(list) _____ |
| one finger typing (functional or slow) | Uses touch window |
| Does not currently type | Uses head or mouth stick |
| Activates desired key on command | Uses switch to access computer |
| Accidentally hits unwanted keys | Uses Morse code to access computer |
| Requires arm or wrist support to type | Other _____ |

3. Computer Use (Check all that apply.)

- | | |
|---|---------------------------|
| Uses a computer for word processing | Uses computer at school |
| Uses a computer for Internet searches | Uses computer at home |
| Uses a computer for spell check | Has never used a computer |
| Uses computer for leisure (games, music, IM) _____ | |
| Uses computer for other (list) _____ | |
| Has potential to use computer but has not used a computer because _____ | |
-
- | |
|--|
| Uses computer rarely (less than 1x/weekly) |
| Uses computer daily |
| Student uses computer for one or more subjects (list subjects) _____ |
-

Student Name: _____

Date: _____



4. Assistive Technology Currently Used (Check all that apply.)

Adapted pencils-pencil grips

Adapted papers

Writing templates

Adapted/portable keyboards

Computers with accessibility features

Adaptive Software: text to speech; word prediction; voice recognition _____

Scanned worksheets

Other _____

5. Computer Availability

The student has access to the following computer(s):

PC

Macintosh

Other _____

Desktop

Laptop

Location: _____

Summary of Student's Abilities and Concerns Related to Writing _____

Student Name: _____

Date: _____



WATI Student Information Guide

SECTION 5

Composition of Written Material

1. Typical of Student's Present Writing (Check all that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Short words | <input type="checkbox"/> Sentences | <input type="checkbox"/> Multi-paragraph reports |
| <input type="checkbox"/> Short phrases | <input type="checkbox"/> Paragraphs of 2-5 sentences | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Complex phrases | <input type="checkbox"/> Longer paragraphs | _____ |

2. Difficulties Currently Experienced by Student (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Answering questions | <input type="checkbox"/> Generating ideas |
| <input type="checkbox"/> Getting started on a sentence or story | <input type="checkbox"/> Working w/peers to generate ideas and information |
| <input type="checkbox"/> Adding information to a topic | <input type="checkbox"/> Planning content |
| <input type="checkbox"/> Sequencing information | <input type="checkbox"/> Using a variety of vocabulary |
| <input type="checkbox"/> Integrating information from two or more sources | <input type="checkbox"/> Summarizing information |
| <input type="checkbox"/> Relating information to specific topics | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Determining when to begin a new paragraph | _____ |

3. Strategies for Composing Written Materials Student Currently Utilizes (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Story starters | <input type="checkbox"/> Webbing/concept mapping |
| <input type="checkbox"/> Preset choices or plot twists | <input type="checkbox"/> Outlines |
| <input type="checkbox"/> Templates to provide the format or structure
(both paper and electronic) | <input type="checkbox"/> Other _____ |

4. Aids/Assistive Technology for Composing Written Materials Utilized by Student

(Check all that apply.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Word cards | <input type="checkbox"/> Word book | <input type="checkbox"/> Word wall/word lists |
| <input type="checkbox"/> Prewritten words on cards or labels | | |
| <input type="checkbox"/> Dictionary | <input type="checkbox"/> Electronic dictionary/spell checker | |
| <input type="checkbox"/> Whole words using software or hardware (e.g., IntelliKeys) | | |
| <input type="checkbox"/> Symbol-based software for writing (e.g., Writing with Symbols 2000 or Pix Writer) | | |
| <input type="checkbox"/> Word processing with spell checker/grammar checker | | |
| <input type="checkbox"/> Talking word processing | <input type="checkbox"/> Abbreviation/expansion | |
| <input type="checkbox"/> Word processing with writing support | | |
| <input type="checkbox"/> Multimedia software | <input type="checkbox"/> Voice recognition software | |
| <input type="checkbox"/> Other _____ | | |

Summary of Student's Abilities and Concerns Related to Computer/Device Access _____

WATI Student Information Guide

SECTION 6

Reading

1. The Student Demonstrates the Following Literacy Skills.

(Check all that apply. Add comments to clarify)

- ☐ Engages in joint attention with adult caregiver to activities (e.g. songs, stories, games and/or toys)
- ☐ Shows an interest in books and stories with adult
- ☐ Shows an interest in looking at books independently
- ☐ Associates pictures with spoken words when being read to
- ☐ Realizes text conveys meaning when being read to
- ☐ Recognizes connection between spoken words and specific text when being read to
- ☐ Pretend writes and “reads” what he or she has written, even if scribbles
- ☐ Recognizes and reads environmental print
- ☐ When asked to spell a word, gets first consonant correct, but not the rest of the word
- ☐ Demonstrates sound manipulation skills including:
 - ☐ Initial and final sounds in words
 - ☐ Initial letter names/sounds
- ☐ Recognizes, names and prints the alphabet (if motor skills are limited, may use alternative means rather than printing to demonstrate knowledge of the alphabet)
- ☐ When asked to spell a word, gets first and last sounds correct
- ☐ Applies phonics rules when attempting to decode printed words
- ☐ Sound blends words
- ☐ Reads and understands words in context
- ☐ Uses inventive spelling most of the time
- ☐ Uses conventional spelling most of the time
- ☐ Reads and understands sentences
- ☐ Composes sentences using nouns and verbs
- ☐ Reads fluently with expression
- ☐ Reads and understands paragraphs
- ☐ Composes meaningful paragraphs using correct syntax and punctuation

2. Student’s Performance Is Improved by (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Smaller amount of text on page | <input type="checkbox"/> Enlarged print |
| <input type="checkbox"/> Word wall to refer to | <input type="checkbox"/> Pre-teaching concepts |
| <input type="checkbox"/> Graphics to communicate ideas | <input type="checkbox"/> Text rewritten at lower reading level |
| <input type="checkbox"/> Bold type for main ideas | <input type="checkbox"/> Reduced length of assignment |
| <input type="checkbox"/> Additional time | <input type="checkbox"/> Being placed where there are few distractions |
| <input type="checkbox"/> Spoken text to accompany print | <input type="checkbox"/> Color overlay or colored text/background |
| <input type="checkbox"/> Increased spacing between words/lines | (List color _____) |
| <input type="checkbox"/> Symbol or Rebus supports to text | <input type="checkbox"/> Other _____ |

Student Name: _____

Date: _____



3. Reading Assistance Used

Please describe the non-technology based strategies and accommodations that have been used with this student

4. Assistive Technology Used

The following have been tried. (Check all that apply. Add comments for clarification)

- ☐ Highlighter, marker, template, or other self-help aid in visual tracking
- ☐ Colored overlay to change contrast between text and background
- ☐ Tape recorder, taped text, or talking books to “read along” with text
- ☐ Digital Audio files (Mp3, iPod, etc.)
- ☐ Talking dictionary or talking spell checker to pronounce single words
- ☐ Hand held pen scanner to read difficult words or phrases
- ☐ Electronic text from
 - ☐ internet ☐ publisher ☐ scanned text ☐ other _____
- ☐ Computer with text to speech software to
 - ☐ Speak single words ☐ Speak sentences ☐ Speak paragraphs ☐ Read entire document
- ☐ Handheld device to read electronic books
- ☐ Electronic books from Bookshare or other digital source

Explain what seemed to work or not work with any of the above assistive technology that has been tried.

5. Approximate Age or Grade Level of Reading Skills _____

6. Cognitive Ability in General

- ☐ Significantly below average ☐ Below average
- ☐ Average ☐ Above average

7. Difficulty (Check all that apply. Add comments for clarification.)

Student has difficulty physically accessing the following.

- ☐ Single sheets of paper ☐ Books

Student has difficulty understanding written language based on

- ☐ English Language Learner ☐ Limited background experiences

Student has sensory difficulties with

- ☐ Visual clutter ☐ Fluorescent lighting ☐ Background noise
- ☐ Personal Space ☐ Other _____

Student has difficulty decoding the following.

- ☐ Worksheets ☐ Content Textbooks ☐ Trade Books ☐ Tests
- ☐ Websites or other digital text

Student Name: _____

Date: _____



- ☐ Modified Curriculum _____
☐ Recreational text

Student has difficulty comprehending the following.

- ☐ Worksheets ☐ Content Textbooks ☐ Trade Books ☐ Tests
☐ Websites or other digital text
☐ Modified Curriculum _____
☐ Recreational text

8. Computer Availability and Use

The student has access to the following computer(s):

- ☐ PC ☐ Macintosh

9. The Student Uses a Computer:

- ☐ Rarely ☐ Frequently ☐ Daily for one or more subjects or periods ☐ Every day, most of the day

For the following purposes _____

Summary of Student's Abilities and Concerns Related to Reading

WATI Student Information Guide

SECTION 7

Mathematics

1. Difficulties Student Has with Mathematics (check all that apply).

Reading Math

Math related language and vocabulary

- ☐ Interpreting visual representation
- ☐ Switching from one representational format to another, as in complex numbers, fractions, charts and graphs

☐ Understanding math concepts like:

- ☐ Money
- ☐ Time
- ☐ Units of Measurement
- ☐ Math Facts
- ☐ Understanding percents/decimals

Organizing

- ☐ Drawing meaning from numbers, shapes and other representational formats
- ☐ Drawing meaning from charts, grids and graphs
- ☐ Applying correct operational step such as addition, subtraction, multiplication or division
- ☐ Drawing meaning and applying action steps from/to a story problem

- ☐ Organizing work on a page
- ☐ Understanding place value
- ☐ Organizing and applying multiple steps
- ☐ Converting mixed numbers
- ☐ Applying functions and formulas

Writing and Presentation

- ☐ Writing legible numbers
- ☐ Drawing math figures
- ☐ Aligning steps of a problem
- ☐ Filling in numbers and data in small places graphing
- ☐ Completing simple addition and subtraction
- ☐ Completing multiplication and division
- ☐ Completing complex addition and subtraction

- ☐ Representing math concepts in alternate formats such as graphs, charts or geometric shapes
- ☐ Noting points on graphs
- ☐ Writing simple math equations
- ☐ Writing complex math equations
- ☐ Editing work

(Continued on next page)

Student Name:

Date:



2. Assistive Technology Tried (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Adapted manipulatives | <input type="checkbox"/> Alternate calculator |
| <input type="checkbox"/> Adapted number, shape or fraction stamp | <input type="checkbox"/> Large print |
| <input type="checkbox"/> Adapted time pieces | <input type="checkbox"/> Talking |
| <input type="checkbox"/> Adapted measuring devices | <input type="checkbox"/> Graphing |
| <input type="checkbox"/> Mathline | <input type="checkbox"/> Smart chart |
| <input type="checkbox"/> Adapted paper | <input type="checkbox"/> Math graphic organizer |
| <input type="checkbox"/> Enlarged paper | <input type="checkbox"/> Math specific writing, drawing software |
| <input type="checkbox"/> Graph paper | <input type="checkbox"/> Digital Math toolbars for writing equations |
| <input type="checkbox"/> Onscreen keyboards or calculators | <input type="checkbox"/> Math software to help visualize, script visual math concepts |
| <input type="checkbox"/> Virtual Manipulatives | |
| <input type="checkbox"/> Voice recognition for math notation | |

3. Strategies Used

Please describe any strategies that been used to help.

Summary of Student's Abilities and Concerns Related to Math

WATI Student Information Guide

SECTION 8 Organization

1. Difficulties Student has with Organization (Check all that apply.)

<p>Self management Unable to self regulate behavior and attention Easily distracted</p> <p>Time management Arrives late Misses deadlines Poor transitions between activities Struggles to settle down after transitions or when it is work time</p>	<p>Materials Management Messy work and storage areas Lost papers and projects Can't find work tools such as book, scissors or markers quickly</p> <p>Information Management Breaking a large project into smaller steps Organizing notes or review items Completing multi-step tasks</p>
---	--

2. Assistive Technology tried (Check all that apply.)

<p>Self: Fidgets Sitting on a therapy ball, bounce or sitz cushions Pressure or weighted vest Concentration CD's or Mp3's</p> <p>Information: Folders Tabs/Post Its Highlighters Study guides Hand Held Recorders Digital Organizers Search tools/engines Bookmarking tools Graphic organizers Manipulatives/ Instructional Tutorials Animations</p>	<p>Materials: Folders/ Containers/ Bins/ Boxes Checklists Coding Filing Portable electronic Storage Computer based electronic storage</p> <p>Time: Clock analog vs. digital Adapted clocks and watches Talking readout Large numbers Visual cue Timed reminder message Schedules Picture Worded Calendar-based Digital scheduler Digital reminder</p>
---	---

3. Summary of Student's Abilities and Concerns Related to Organization

Student Name: _____

Date: _____



WATI Student Information Guide

SECTION 9

Recreation and Leisure

1. Difficulties Student Experiences Participating in Recreation and Leisure (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Understanding cause and effect | <input type="checkbox"/> Following complex directions |
| <input type="checkbox"/> Understanding turn taking | <input type="checkbox"/> Communicating with others |
| <input type="checkbox"/> Handling/manipulating objects | <input type="checkbox"/> Hearing others |
| <input type="checkbox"/> Throwing/catching objects | <input type="checkbox"/> Seeing equipment or materials |
| <input type="checkbox"/> Understanding rules | <input type="checkbox"/> Operating TV, VCR, etc. |
| <input type="checkbox"/> Waiting for his/her turn | <input type="checkbox"/> Operating computer |
| <input type="checkbox"/> Following simple directions | <input type="checkbox"/> Other _____ |

2. Activities Student Especially Enjoys _____

3. Adaptations Tried to Enhance Participation in Recreation and Leisure _____

How did they help? _____

4. Assistive Technology Tried (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Toys adapted with Velcro [®] , magnets, handles etc. | |
| <input type="checkbox"/> Toys adapted for single switch operation | |
| <input type="checkbox"/> Adaptive sporting equipment, such as lighted or beeping ball | |
| <input type="checkbox"/> Universal cuff or strap to hold crayons, markers, etc. | |
| <input type="checkbox"/> Modified utensils, e.g. rubber stamps, rollers, brushes | |
| <input type="checkbox"/> Ergo Rest or other arm support | |
| <input type="checkbox"/> Electronic aids to control/operate TV, VCR, CD player, etc. | |
| <input type="checkbox"/> Software to complete art activities | <input type="checkbox"/> Games on the computer |
| <input type="checkbox"/> Other computer software | <input type="checkbox"/> Other _____ |

Summary of Student's Abilities and Concerns in the Area of Recreation and Leisure

WATI Student Information Guide

SECTION 10

Vision

A vision specialist should be consulted to complete this section.

1. Date of Last Vision Report _____

Report indicates (please address any field loss, vision condition, etc.) _____

2. Visual Abilities (Check all that apply.)

- ☐ Read standard textbook print
- ☐ Read text if enlarged to (indicate size in inches) _____
- ☐ Requires specialized lighting such as _____
- ☐ Requires materials tilted at a certain angle (indicate angle) _____
- ☐ Can read using optical aids; list: _____
- ☐ Currently uses the following screen enlargement device _____
- ☐ Currently uses the following screen enlargement software _____
- ☐ Recognizes letters enlarged to _____ pt. type on computer screen
- ☐ Recognizes letters enlarged to _____ pt. type for _____ minutes without eye fatigue.
- ☐ Prefers ☐ Black letters on white ☐ White on black ☐ _____ (color) on _____
- ☐ Tilts head when reading
- ☐ Uses only one eye: ☐ Right eye ☐ Left eye
- ☐ Uses screen reader: _____
- ☐ Requires recorded material, text to speech, or Braille materials

3. Alternative Output

Currently uses (Check all that apply.)

- ☐ Slate and stylus
- ☐ Talking calculator
- ☐ Braille calculator
- ☐ Braille notetaker
- ☐ Electric Braille
- ☐ Refreshable Braille display
- ☐ Tactile images
- ☐ Screen reader
- ☐ Braille translation software: _____

Student Name: _____

Date: _____



Level of proficiency (Check the one that most closely describes the student.)

- | | |
|--|--|
| <input type="checkbox"/> Requires frequent physical prompts | <input type="checkbox"/> Requires frequent verbal cues |
| <input type="checkbox"/> Needs only intermittent cues | <input type="checkbox"/> Uses device to complete tasks independently |
| <input type="checkbox"/> Trouble-shoots problems related to device | |

4. Writing/Handwritten Materials (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Writes using space correctly | <input type="checkbox"/> Writes on line |
| <input type="checkbox"/> Writes appropriate size | <input type="checkbox"/> Reads own handwriting |
| <input type="checkbox"/> Reads someone else's writing | <input type="checkbox"/> Reads hand printing |
| <input type="checkbox"/> Reads cursive | <input type="checkbox"/> Skips letters when copying |
| <input type="checkbox"/> Requires bold or raised-line paper | <input type="checkbox"/> Requires softer lead pencils |
| <input type="checkbox"/> Requires colored pencils, pens, or paper | <input type="checkbox"/> Requires felt tip pen <input type="checkbox"/> Thin point <input type="checkbox"/> Thick point |

Summary of Student's Abilities and Concerns Related to Vision _____

Student Name: _____

Date: _____



WATI Student Information Guide

SECTION 11

Hearing

A hearing specialist should be consulted to complete this section.

1. Audiological Information

Date of last audiological exam _____

Hearing loss identified

Right Ear	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Profound
Left Ear	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Profound

Onset of hearing loss _____ Etiology _____

2. Unaided Auditory Abilities (Check all that apply.)

- ☐ Attends to sounds
- ☐ Discriminates environmental vs. non-environmental sounds
- ☐ Turns toward sound
- ☐ Hears some speech sounds
- ☐ Understands synthesized speech
- ☐ High pitch
- ☐ Low pitch
- ☐ Voices
- ☐ Background noises

3. Student's Eye Contact and Attention to Communication (Check best descriptor.)

- ☐ Poor
- ☐ Inconsistent
- ☐ Limited
- ☐ Good
- ☐ Excellent

4. Communication Used by Others

Indicate the form of communication generally used by others in each of the following environments.
(Check all that apply.)

	School	Home	Community
<input type="checkbox"/> Body language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tangible symbols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gestures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cued speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Picture cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Written messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Signs and speech together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Signed English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Contact (Pidgin) sign language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> American Sign Language (ASL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Level of Receptive Proficiency in Each Environment

	School	Home	Community
<input type="checkbox"/> Understands single words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Understands short phrases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Understands majority of communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Name: _____

Date: _____



6. Student Communicates with Others Using (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Speech | <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Body language |
| <input type="checkbox"/> Signs and speech together | <input type="checkbox"/> Gestures | <input type="checkbox"/> Written messages |
| <input type="checkbox"/> Signed English | <input type="checkbox"/> Picture cues | <input type="checkbox"/> Contact (Pidgin) sign language |
| <input type="checkbox"/> Other _____ | | |

Level of expressive communication:

- | | | |
|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Single words | <input type="checkbox"/> Combination of words | <input type="checkbox"/> Proficient |
|---------------------------------------|---|-------------------------------------|

7. Is There a Discrepancy Between Receptive and Expressive Abilities?

- ☐ Yes ☐ No

If yes, describe further. _____

8. Services Currently Used (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Audiology _____ | <input type="checkbox"/> Note taker |
| <input type="checkbox"/> Educational interpreter using: _____ | <input type="checkbox"/> ASL <input type="checkbox"/> Transliterating <input type="checkbox"/> PSE <input type="checkbox"/> Oral |

9. Equipment Currently Used (Check all that apply.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Hearing aids | <input type="checkbox"/> Cochlear implant | <input type="checkbox"/> Telecaption decoder |
| <input type="checkbox"/> Vibrotactile devices | <input type="checkbox"/> Classroom amplification system | <input type="checkbox"/> TTY/TDD |
| <input type="checkbox"/> FM system <input type="checkbox"/> Other _____ | | |

10. Present Concerns for Communication, Writing, and/or Educational Materials

- | | |
|--|--|
| <input type="checkbox"/> Cannot hear teacher/other students | <input type="checkbox"/> Cannot respond to emergency alarm |
| <input type="checkbox"/> Cannot participate in class discussions | <input type="checkbox"/> Cannot benefit from educational videos/programs |
| <input type="checkbox"/> Displays rec./exp. language delays | <input type="checkbox"/> Cannot use telephone to communicate |

11. Current communication functioning (Check all that apply)

- ☐ Desires to communicate
- ☐ Initiates interaction
- ☐ Responds to communication requests
- ☐ Reads lips
- ☐ Appears frustrated with current communication functioning
- ☐ Requests clarification from communication partners ("Would you please repeat that?")
- ☐ Repairs communication breakdown (Keeps trying, changes message)

12. Current Reading Level _____

Summary of Hearing Abilities and Concerns _____

Student Name:

Date:



WATI Student Information Guide

Section 12

General

Are there any behaviors (both positive and negative) that significantly impact the student's performance?

Are there significant factors about the student's strengths, learning style, coping strategies or interests that the team should consider?

Are there any other significant factors about the student that the team should consider?

Does student fatigue easily or experience a change in performance at different times of the day?
