

Assistive Technology Screening for Secondary Students

Please read and consider each item in this screening tool. Questions are designed to be general and should be used to assist staff and students as they consider the assistive technology needs of a student during transition planning. Any **NO** answer should be considered a red flag that the student may encounter significant barriers during their transition process. The attached listing of examples of assistive technology may provide ideas for addressing those barriers.

WRITING

Can the student:

- | | | |
|-----|----|------------------------------------------------------------------------|
| Yes | No | Write legibly in a traditional manner? (e.g., paper/pencil) |
| Yes | No | Complete written forms? |
| Yes | No | Access the computer in a typical manner? |
| Yes | No | Use the keyboard or word processor to complete written tasks? |
| Yes | No | Utilize features of word processing software to complete written work? |

COMMUNICATION

Can the student:

- | | | |
|-----|----|----------------------------------------------------|
| Yes | No | Communicate wants/needs to unfamiliar individuals? |
| Yes | No | Help other people understand them better? |
| Yes | No | Request clarification and information? |
| Yes | No | Independently use the telephone? |
| Yes | No | Access and use electronic forms of communication? |

READING

Can the student:

- | | | |
|-----|----|-----------------------------------------------------------------------------------------|
| Yes | No | Physically manipulate books and print materials to independently read? |
| Yes | No | Physically see and read typical text formats? |
| Yes | No | Read and comprehend typical texts and materials?
(e.g., newspaper, books, magazines) |
| Yes | No | Access and read materials from the Internet? |

LEARNING/STUDYING

Can the student:

- | | | |
|-----|----|---------------------------------------------------------------------------------|
| Yes | No | Understand and follow verbal instructions? |
| Yes | No | Independently follow a schedule? |
| Yes | No | Independently utilize study strategies? (e.g., highlighting, outlining) |
| Yes | No | Independently use organizational strategies for work materials and assignments? |

MATH

Can the student:

- | | | |
|-----|----|---------------------------------|
| Yes | No | Independently tell time? |
| Yes | No | Complete math calculations? |
| Yes | No | Use a typical calculator? |
| Yes | No | Appropriately use money skills? |

RECREATION AND LEISURE

Can the student:

- | | | |
|-----|----|----------------------------------------------------------------------------------------------------------------|
| Yes | No | Participate in recreational activities in a typical manner? |
| Yes | No | Choose leisure activities and manipulate the necessary materials?
(e.g., cards, game pieces, art materials) |

ACTIVITIES OF DAILY LIVING

Can the student:

- | | | |
|-----|----|-----------------------------------------------|
| Yes | No | Physically manage grooming and hygiene needs? |
| Yes | No | Independently prepare and eat meals? |
| Yes | No | Independently dress and do laundry? |
| Yes | No | Complete housekeeping activities? |

MOBILITY

Can the student:

- | | | |
|-----|----|--------------------------------------------------------------------------------------------------------|
| Yes | No | Independently navigate inside and outside customary environments? |
| Yes | No | Carry necessary materials between locations? (e.g., backpack, equipment) |
| Yes | No | Operate controls to activate public building access devices?
(e.g., power doors, elevator controls) |
| Yes | No | Independently arrange transportation? |
| Yes | No | Independently access public transportation? |
| Yes | No | Drive a car? |

POSITIONING AND SEATING

Can the student:

- | | | |
|-----|----|------------------------------------------------------------------------|
| Yes | No | Sit in a typical classroom chair/desk? |
| Yes | No | Independently change positions when necessary? |
| Yes | No | Tolerate being in class/work settings for the required period of time? |

ADDITIONAL ITEMS

Is the student:

- | | | |
|-----|----|-----------------------------------------------------------|
| Yes | No | Able to see within normal limits? |
| Yes | No | Able to hear within normal limits? |
| Yes | No | In good physical health? |
| Yes | No | Able to sustain attention for an adequate period of time? |