

Center for Assistive Technology & Inclusive Education Studies (CATIES)
at The College of New Jersey

Information Form for Assistive Technology Evaluation: General Education Teacher

On _____
(date and time of appointment)

(client's name)

will participate in an assistive technology evaluation at the Center for Assistive Technology & Inclusive Education Studies (CATIES). Your input is very valuable to the evaluation. Please complete and return this form (to the address below or via fax 609-637-5179) no later than _____ . Thank you for your assistance.

General cognitive ability:

- Severe cognitive disability
- Moderate cognitive impairment
- Mild cognitive impairment
- Average
- Above average

READING

Grade level: Student is placed in grade _____. Student reads at _____ grade level.

Student has difficulty decoding the following (Check all that apply):

- Words
- Worksheets
- Reading textbooks
- Subject area textbooks
- Tests

Student has difficulty comprehending the following (Check all that apply):

- Words
- Worksheets
- Reading textbooks
- Subject area textbooks
- Tests

Student's reading performance is improved by (Check all that apply):

- Small amount of text on page
- Lower reading level
- Bold type for main ideas
- Spoken text to accompany print
- Masking
- Computer with speech output
- Enlarged print
- Graphics to communicate ideas
- Reduced length of assignments
- Other: _____

Summary of student's abilities and concerns related to reading:

WRITING

Current writing ability (Check all that apply):

- Writes with right hand
- Writes with left hand
- Holds regular pencil
- Holds pencil adapted with: _____
- Prints letters
- Prints words
- Writes cursive
- Writes independently and legibly
- Writing is slow and arduous
- Writing is limited due to fatigue

Current keyboarding ability (Check all that apply):

- | | |
|-----------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Does not currently type | <input type="checkbox"/> Types with 10 fingers and correct hand position |
| <input type="checkbox"/> Types with one finger | <input type="checkbox"/> Accidentally hits unwanted keys |
| <input type="checkbox"/> Types with several fingers | <input type="checkbox"/> Uses adapted / alternate keyboard (please specify): |
| <input type="checkbox"/> Uses one hand | _____ |
| <input type="checkbox"/> Uses two hands | |

Summary of student's abilities and concerns related to writing and keyboarding:

COMPUTER USE

Computer availability in the classroom:

- None
- Macintosh (version: _____)
- Windows
- 2000
 - XP
 - Vista
- Microsoft Office version:
- 2007
 - 2006 or earlier

Student uses computer:

- Rarely
- Frequently
- Daily for one subject/period
- Daily for \geq two subjects/periods

Student uses classroom computer for:

- | | |
|-----------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Games | <input type="checkbox"/> Composing writing assignments |
| <input type="checkbox"/> Practicing academic skills | <input type="checkbox"/> Drawing / creativity |
| <input type="checkbox"/> Word processing | <input type="checkbox"/> Other: _____ |

Please list the child's strengths, learning style, interests, and any other significant factors that should be considered: _____

Name of person completing form: _____

Signature: _____

Date: _____

School / Program: _____

Please return by mail to: CATIES c/o Dept of Special Ed., Language & Literacy
PO Box 7718, Ewing, NJ 08628-0718

Or by fax to: (609) 637-5179