

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

Information Form for Assistive Technology Evaluation: Occupational Therapist

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.

Current writing ability (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Writes with right hand | <input type="checkbox"/> Prints letters |
| <input type="checkbox"/> Writes with left hand | <input type="checkbox"/> Prints words |
| <input type="checkbox"/> Holds regular pencil | <input type="checkbox"/> Writes cursive |
| <input type="checkbox"/> Holds pencil adapted with: _____ | <input type="checkbox"/> Writes independently and legibly |
| | <input type="checkbox"/> Writing is slow and arduous |
| | <input type="checkbox"/> 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:

Current fine motor abilities: Student has voluntary, isolated, controlled movements using

(Check all that apply) :

- | | | |
|---------------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Left hand | <input type="checkbox"/> Right hand | <input type="checkbox"/> Eye(s) |
| <input type="checkbox"/> Left arm | <input type="checkbox"/> Right arm | <input type="checkbox"/> Head |
| <input type="checkbox"/> Left leg | <input type="checkbox"/> Right leg | <input type="checkbox"/> Mouth |
| <input type="checkbox"/> Left foot | <input type="checkbox"/> Right foot | <input type="checkbox"/> Tongue |
| <input type="checkbox"/> Finger(s) | <input type="checkbox"/> Eyebrows | |
| <input type="checkbox"/> Other: _____ | | |

Which fine motor ability would you identify as the student's strength?

Range of motion: Student has specific limitations to range:

- Yes No

Describe the specific range in which the student has the most motor control:

Reflexes and muscle tone: Student has abnormal reflexes or abnormal muscle tone:

Yes No

Describe briefly any abnormal reflex patterns or patterns of low or high muscle tone which may interfere with the student's voluntary motor control.

Accuracy: Student has difficulty with accuracy:

Yes No

Describe how accurate, reliable, and consistent the student is in performing a particular fine motor task (e.g. shoe tying, self-feeding, or buttoning a shirt)

Fatigue: Student fatigues easily:

Yes No

Describe how easily the student becomes fatigued:

The following computers are available during occupational therapy:

None Mac (version) Windows
 2000 XP Vista

Microsoft Office version: 2007 2006 or earlier

During occupational therapy, the student uses a computer:

Never Rarely Sometimes Frequently Always

How do you think assistive technology may help this child? Check a maximum of 3.

- | | |
|--|--|
| <input type="checkbox"/> Practice academic skills | <input type="checkbox"/> Assist with spelling |
| <input type="checkbox"/> Provide access to computers | <input type="checkbox"/> Assist with organization of school work |
| <input type="checkbox"/> Increase reading comprehension demonstrate | <input type="checkbox"/> Enable him / her to take tests and what he / she knows |
| <input type="checkbox"/> Provide an efficient means of notetaking | <input type="checkbox"/> Provide access to the Internet/leisure |
| <input type="checkbox"/> Increase the speed of his/her typing | <input type="checkbox"/> Provide activities for recreation/leisure |
| <input type="checkbox"/> Improve the quality of written composition | |

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