

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

Information Form for Assistive Technology Evaluation: Special 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:

- | | |
|--|--|
| <input type="checkbox"/> Severe cognitive disability | <input type="checkbox"/> Average |
| <input type="checkbox"/> Moderate cognitive impairment | <input type="checkbox"/> Above average |
| <input type="checkbox"/> Mild cognitive impairment | |

READING

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

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

- | | |
|--|---|
| <input type="checkbox"/> Words | <input type="checkbox"/> Subject area textbooks |
| <input type="checkbox"/> Worksheets | <input type="checkbox"/> Tests |
| <input type="checkbox"/> Reading textbooks | |

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

- | | |
|--|---|
| <input type="checkbox"/> Words | <input type="checkbox"/> Subject area textbooks |
| <input type="checkbox"/> Worksheets | <input type="checkbox"/> Tests |
| <input type="checkbox"/> Reading textbooks | |

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

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

Reading assistance:

Please describe the reading strategies and accommodations that have been effective with this student: _____

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):

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

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:

- Games
- Practicing academic skills
- Word processing
- Composing writing assignments
- Drawing / creativity
- 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