Writing/Computer Needs Assessment

Client Information:
Name: _____ Sex: _____ Age: _____
Social Security No.: _____ Birthdate: _____
Parents Name: _____ School: _____
Address: _____ CDC: ____ Resource: _____
Phone No. _____ Regular: _____

Disability information:
Stated primary disability:

_____
Describe any visual deficits:

_____
Describe any hearing deficits:

_____
Describe motor functioning:

_____

Academic information:
Reading level: _____
Comprehension level:

_____
Math level: _____

Technology/Classroom Environment:
Is a computer used in the classroom? ___ yes __ no How many? ____
If yes, what format: _____ when? _____
how?_____
could it be used exclusively by the student?_____
Where is the computer located?
__ classroom __ teacher's office
__ separate classroom __ other
Is the computer wheelchair accessible? ___ yes __ no __ not applicable
What kind of software is available in the classroom? (please list)

_____ _____
_____ _____
_____ _____

Is the classroom equipped with any assistive technology? ___ yes ___ no
If yes, please list?

_____ _____
_____ _____

Technology/Home Environment:

Does the student have a computer at home? ____ yes ___ no
If yes, what format? _____
Describe how the student used this computer:
_____
_____

What kind of software is available at home? (please list)

_____ _____
_____ _____
_____ _____
_____ _____

Describe observations of the student using the computer:

_____
_____

Visual Abilities:
The student: (check all that applies)

___ Copies a whole sentence from the board without looking back at the board once the sentence is read (using visual memory)
___ Copies individual words form the board instead of whole sentence
___ Copies individual letters of a word from the board
___ Cannot read what is to be copied from the board
___ Cannot copy from the board
___ Omits words when coping a sentence from a book
___ Can quickly find his/her place on the board when copying
___ Copies whole sentences from a book
___ Copies individual words from a book instead of the whole sentence
___ Copies individual letters of a word from a book
___ Cannot copy from a book
___ Can read from left to right without omissions
___ Can quickly find his/her place in a book when copying

Fine Motor Abilities:

The student: (check all that applies)

___ right handed
___ left handed
___ no dominance
___ holds the pencil/pen with a functional grasp
___ holds the pencil/pen with a non-functional grasp

Additional Observations:

___ completes work legibly but is slow
___ written work is not legible
___ legibility improves when student rewrites work
___ student complains of his/her hand tiring or hurting
___ student writes in manuscript
___ student writes in cursive
___ cursive has not been tried
___ can use a mouse for computer access
___ uses the "hunt and peck" technique for keyboard
___ can use both hands in the appropriate position for the keyboard

Describe any other pertinent information regarding fine motor skills:

_____
_____
_____
_____

Positioning:

___ Sits at a desk just above elbow height with feet on the floor
___ Leans over on the desk with head down when writing
___ Uses the non-dominant hand to stabilize the paper
___ Does not use the non-dominant hand to stabilize paper
___ Moves frequently in the chair
___ Sits at a desk that is above elbow height
___ Sits at a desk that is below elbow height

Writing:

___ Breaks the pencil lead
___ Writes very light
___ Does not space between words
___ Has difficulty writing on lines
___ Writes too big
___ Writes too little

SUMMARY AND RECOMMENDATIONS

Strengths:

_____
_____
_____
_____

Challenges:

_____
_____
_____
_____

Recommendations:

_____
_____
_____
_____

Equipment Needed:

_____
_____
_____
_____

Follow-up Plan:

_____
_____
_____
_____

Team Members Involved:

_____
_____
_____
_____
_____

Report Completed by: _____
Date: _____