Assistive Technology Screening and Initial Solution Toolkit

Client Name: _____ **Phone numbers:**_____
Address: _____ _____
_____ **E-mail:** _____
Date: _____ **DOB:** _____
Reason for Referral: _____
Referral Source: _____
Primary Disability: _____
Secondary Disability: _____

DIRECTIONS

1. Complete the client information section below to provide information on the client's needs, abilities, and difficulties as well as environments and barriers to success.
    1. Please check (✔) the instructional or access areas in Column A that are appropriate for the client. Please leave blank any areas that are not relevant to the client. Specify all relevant tasks (e.g. reading directions, answering e-mails, task completion, etc.) within each area in the space provided. Check the settings in which the task is required: Work, home, traveling for job
    2. In Column B, specify the standard work tools (low technology to high technology) used by the client to complete relevant tasks identified in Column A. Place a check (✔) in the boxes in Column B if the client is able to independently complete the tasks with standard work tools. For areas in which the client can complete the tasks independently, it will not be necessary to complete Columns C-D.
    3. In Column C, specify the accommodations/modifications and assistive technology solutions that are currently being utilized. Place a check (✔) in the boxes in Column C if the client can adequately complete the tasks specified in Column A using the identified accommodations/modifications and assistive technology solutions.
    4. Complete Column D if the client cannot adequately complete the task with accommodations/modifications and assistive technology solutions specified in column C.

Client needs, abilities, and difficulties: _____
_____
_____
_____

Client environments:
___Place of Employment (List specific areas if applicable (ie. Warehouse, outdoors, work carrel, private office, etc.): _____
_____
_____
_____
___Community (List all settings): _____
_____
___Home: _____
Barriers to client performance and achievement: _____
_____
_____

A. Access Areas Check off Tasks Client needs to be able to complete	**B. Independent with Standard Work Tools**		**C. Completes Tasks with Accommodations/Modifications and/or Assistive Technology Solutions Currently in Place**		**D. Additional Solutions/Services Needed Including Assistive Technology**
Check all appropriate boxes of tasks needed by client or if client displays behavior. Write in others and explain as needed.	**Check if client uses any of these tools or others at present time. Write in others used**		**Accommodations Modifications**	**Assistive Technology tools in place**	
<u>Writing</u> complete fill in the blank forms use e-mail create business letters take a message complete an invoice write instructions for a consumer/customer other <u>School</u> complete written reports take notes in class tests including fill in the blank, short answer multiple choice tests other	Handwritten poor legibility Handwritten	Computer Computer	dictates to others uses form letters tape records sessions gets notes from peer work is always proofread by peer/coworker other other other	slant board pencil grip adapted software (list) voice recognition software electronic spell check scanned in forms/tests grammar check writing guide other other	
<u>Spelling (must be able to do the following without spelling errors</u> write memos write message complete fill in the blank forms use e-mail create business letters complete an invoice write instructions to a consumer/customer other other	uses spell check in word processor uses print dictionary to correct spelling errors has good spelling skills other other		word wall/list proofed by peer spell check on computer dictionary used uses pre-printed forms for customers other other	electronic spell checker auditory feedback feature single word scanner other other	

Reading read memos read message read fill in the blank forms read e-mail read business letters read instructions or directions read instructions to a consumer/customer read a manual read text book/articles read newspaper/magazines other	Uses a co-worker to assist with the following read memos read message read fill in the blank forms read e-mail read business letters read instructions or directions read instructions to a consumer/customer read a manual other	longer time given to read manuals/text given on tape decreased amount reading material modified to lower literacy level other	uses library for blind/dyslexic scanner and software list: _____ _____ single word scanner electronic dictionary used with auditory screen/text reader other	
Math can do 1-2 digit problems without help knows multiplication tables balances checkbook maintains personal budget completes own taxes uses cash only excessive credit card debt (>1000) understands fractions and percentages (calculating sales tax, percentage off sales, tipping) measures objects for cutting or fitting measuring and converting volumes (cups to pints, oz. to cups etc.) other	uses calculator requires proofing form co worker or peer uses tipping or percentage chart abacus or math line other	less problems given use of chart/list coworker completes needed tasks calculator other peer note taker or for dictation measuring equivalents charts other	print calculator auditory calculator auditory math software list: _____ _____ other _____	

Organizational Skills Check left box if required Right box if problems with task keep time sheets call in sick appropriately keep up with materials maintain records keep auto maintenance up turn in work on time turn in work complete keep up with books/ materials return library books/videos by due date other other		task charts organizer/ calendar reminder calls/ letters	use electronic organizer pagers/electronic reminders	

Job Skills Check left box if required Right box if problems with task job application resume needed interviewing skills on- time to work non-excused absences completes paperwork for time sheets complete periodic reports complete tasks on schedule appropriate hygiene appropriate dress accepts supervision listens appropriately maintains personal space appropriate social skills other other		time card electronic written set of instructions/time limit for each step of a task extra supervision/support job coach		

Language/Communication/listening Skills appropriate communication skills misunderstands similar sounding words has trouble with more than __ directions at a time distracted in noisy environment distracted in bright environment mispronounces words frequently limited vocabulary (not from limited English competence) perseverates on subjects				
Recreation and Leisure has variety of leisure pursuits has limited social outlets has limited physical outlets no transportation resists peer contact requires excessive peer/family contact to participate				
Memory/Problem solving short term memory problems long term problems only rote tasks required must be able to problem solve on job				
Other Specify:				

Additional Comments and or observations: _____

_____

_____

_____

_____

_____ As a result of this screening it has been determined that client needs further Assistive Technology in order to be more successful in work, school and/or the community.

_____ As a result of this screening it has been determined that further comprehensive evaluation is needed by an Assistive Technology Practitioner in order to pursue additional assistive technology solutions.

Specify any assistive technology services and training suggested for this client. (estimate time required for training)

_____

_____

Give a plan for implementation of services:

_____

_____

_____

_____

_____

_____

Consideration Checklist Completed by: _____ Position: _____ Date: _____