

DATA COLLECTION FOR THE SMARTPEN

Student: _____ **School:** _____ **Date:** _____
Teacher: _____ **Subject:** _____ **ESE:** Yes No

Your student will be using a Smartpen device for note taking. This technology has been provided on a trial basis to determine if he/she will have greater success in achieving his/her IEP goals by using the device. **Your responses are vital in determining if this technology is appropriate for the student.**

Frequency of use (check one):

- Daily
- Frequently (3-4 times weekly)
- Occasionally (1-2 times a week)
- Rarely or Never

Independence of use (check all that apply):

- Uses without prompting
- Uses with prompting
- Will not use even with prompting
- Does not use and is not prompted
- Notes are taken by peer, aide, or other individual in the classroom

Application of Technology (check all that apply):

- Note taking
- Reviews audio portion of notes
- Other:

Benefit of Technology

- Increased independence with note taking
- Reports greater understanding of the lecture material
- Improvement in quiz and test scores
- Helped student achieve IEP goals/objectives

Problems with Technology

- Time consuming for student to use
- Student uses inappropriately
- Frequent technical difficulties

Comments or concerns:

TEACHERS: Data will be collected weekly for a 6-week period. Return completed form to the student's case manager. Include copies of work the student has completed using the device.