

Writing Legibility Guidelines/Questions as related to AT Determination

FINE MOTOR and POSITIONING

Sits with feet flat on the floor, bottom into back of chair, with angle at elbow (measuring between shoulder and wrist) slightly less than 90°
(If not as above, describe seating at hips _____, knees _____, ankles _____, arms _____, and neck _____)

Holds pencil with a semblance of a three-finger grasp. If not, describe:

 Non-dominant hand holds paper still while writing.

Remains seated for duration of assignment.

If not, describe behavior or length of time can remain seated. Also note what interventions are necessary to increase seated time.

If any of the above are problematic, has the student ever received OT or PT services? Is a referral to OT or PT presently indicated, prior to an AT referral?

FUNCTIONAL WRITING

Student and Teacher can both read student's writing.

(If not, explain: _____)

Student can write a legible **final** draft within the amount of time expected of the class.

(If not, explain: _____)

Student's attention is sufficient to meet the above tasks in the time expected of the class.

*Length of time it takes to copy the following sentence by hand _____ and when typing _____

Be sure the sentence is written/typed directly above where the student is to write/type.

The quick silver fox jumped over the lazy brown dog.

*If typing speed is considerably slower than handwriting, consider keyboarding instruction prior to referral to A.T. (unless student has an orthopedic or sensorimotor disability).

If any of the above are problematic, consider OT/PT referrals prior to AT. Is attention an issue? Consider consultation with Inclusion Coach and possibly OT.

WRITING CONTENT

Check aspects that are satisfactory for meeting IEP objectives:

spelling capitalization punctuation paragraph formation

topic sentences supporting details on topic

If any of the above are problematic, can student dictate the following to a scribe? (check if able)

topic sentences supporting details paragraph formation

If not, STOP HERE and refer to the Written Expression checklist.

Prior to any Assistive Technology Referral, consultation with an Inclusion Coach is necessary. If the Team then decides an AT Referral is necessary, refer to the sample Referral Charts for guidance, if needed.

AT Checklists To Help With Planning Possible AT Needs

Assistive Technology, Special Services, Christina School District
200 Tyre Avenue, Newark DE 19711 302-454-2047

Low Tech to High Tech AT Equipment Checklist (page one)

POSITIONING/SEATING (note type of device, where indicated)

Have In To Be
Tried Use Tried

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Non-slip surface on chair seat (Dycem; Rubbermaid; etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bolster, rolled towel, blocks for feet |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adapted/alternate therapeutic chair or other positioning device _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Custom fitted wheelchair or insert |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

Low Tech to High Tech AT Equipment Checklist (page two)

WRITING (Legibility)

Have In To Be
Tried Use Tried

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Standard pen/pencil/paper |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adapted pen/pencil/paper _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Graph paper |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Slant board (or 1-2" 3-ring binder turned sideways, w/clipboard) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Use of pre-written words or phrases to manipulate/organize |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Use of portable typing device (e.g., <i>AlphaSmart</i> , <i>Fusion</i> , others) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Computer word processor |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Voice Recognition software |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

COMPUTER ACCESS

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Modified Keyboard |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Keyguards |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | OnScreen Keyboard |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mouse Alternative _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Touch Window |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Arm Support |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Switch Access |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Voice Recognition software |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pointing Device (mouthstick, headstick, infrared, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

See Also Written Expression Checklists

Prior to any Assistive Technology Referral, consultation with an Inclusion Coach is necessary. If the Team then decides an AT Referral is necessary, refer to the sample Referral p. 2 Charts for guidance, if needed.