



WATI Student Information Guide

SECTION 3

Computer Access

1. Current Computer Access

How does the student currently access the computer?

- | | |
|------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Doesn't access the computer | <input type="checkbox"/> Adapted keyboard/mouse _____ |
| <input type="checkbox"/> Touch type with two hands | <input type="checkbox"/> Specialized Software _____ |
| <input type="checkbox"/> Hunt/peck with one hand | <input type="checkbox"/> Head _____ |
| <input type="checkbox"/> Touch type with one hand | <input type="checkbox"/> Speech recognition _____ |
| <input type="checkbox"/> Hunt/peck with one hand | <input type="checkbox"/> Switch scanning _____ |
| <input type="checkbox"/> Touchscreen | <input type="checkbox"/> Other _____ |

List current AT _____

What difficulty is the student having with current method? _____

2. Previous Assistive Technology

List any AT tried in the past for computer access and describe how it worked. _____

3. Physical Abilities

Does student have limitations to range of motion? Yes No

Does student have abnormal reflexes or abnormal muscle tone? Yes No

Does student have difficulty with accuracy? Yes No

Does student fatigue easily? Yes No

Describe how physical abilities affect computer use. _____



4. Motor Control

Does the student have voluntary, controlled movement of the following? (check all that apply)

- | | | |
|-------------------------------------|--------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Right hand | <input type="checkbox"/> Left hand | <input type="checkbox"/> Head |
| <input type="checkbox"/> Right arm | <input type="checkbox"/> Left arm | <input type="checkbox"/> Eyes |
| <input type="checkbox"/> Right leg | <input type="checkbox"/> Left leg | <input type="checkbox"/> Mouth |
| <input type="checkbox"/> Right foot | <input type="checkbox"/> Left foot | <input type="checkbox"/> Voice (Speech) |
| <input type="checkbox"/> Finger(s) | <input type="checkbox"/> Other _____ | |

5. Positioning

How is the student positioned for computer access?

- Regular classroom chair
- Regular classroom chair with adaptations _____
- Specialty chair _____
- Wheelchair _____
- Other _____

6. Sensory

Does the student have any issues with hearing? Yes No

Does the student have any issues with vision? Yes No

Describe how sensory issues abilities affect computer use. _____

7. Literacy

Is the student working at grade level in the following areas?

Reading Yes No _____

Composition Yes No _____

Spelling Yes No _____

Math Yes No _____

Computer Skills Yes No _____

8. Summary of Students Abilities and Concerns Related to Computer Access
