

**Student Information Guide**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ IEP Review Date: \_\_\_\_\_

School/District: \_\_\_\_\_ School Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Person's Email: \_\_\_\_\_

Person Completing Guide: \_\_\_\_\_ Date of Contact Regarding Referral: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Additional LADSE Services Already Involved:  AT  EBD  Autism Consultant

PECS Training  Other: \_\_\_\_\_

**Disability (Check all that apply)**

- Speech/Language
- Other Health Impairment
- Hearing Impairment
- Cognitive Disability
- Autism
- Vision Impairment
- Traumatic Brain Injury
- Learning Disability
- Emotional Disturbance
- Orthopedic Impairment, Type: \_\_\_\_\_

**Classroom Setting**

- Regular Education Classroom
- Self Contained: \_\_\_\_\_
- Resource Room

**Current Related Services Received**

- Occupational Therapy
- Speech
- Physical Therapy
- Social Work
- Paraprofessional/Class Individual
- Other: \_\_\_\_\_

**Medical Considerations (Check all that apply)**

- Degenerative Medical Condition
- Frequent Pain
- Other, Describe Briefly: \_\_\_\_\_
- Multiple Health Problems: Fatigues Easily
- Frequent Ear Infections
- History of Seizures
- On Medication for Seizure Control
- Currently Taking Medication For: \_\_\_\_\_

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Date: \_\_\_\_\_

Parent / Guardian Permission Signature

Date: \_\_\_\_\_

District Representative's Signature

Name / Position	Name / Position

I have had input into this information guide and have notified the contact person in regards to times I'm available for meetings: (input needed from all team members, including related service staff and parents.)

Team Members' Signatures

\_\_\_\_\_

Best Team Meeting Days

Indicate questions you'd like answered by this referral:

Interventions/Adaptations/Tools	Outcome

Please describe the interventions, adaptations and/or tools you have tried and the outcome.

Assistive Technology Tools Used by the Student

Student: \_\_\_\_\_

Date Developed: \_\_\_\_\_

Writing

Mechanics of Writing

- Regular pencil/pen
- Pencil/pen with adaptive grip
- Pencil/pen with adaptive grip
- Adapted paper (e.g. raised line)
- Slantboard
- Use of prewritten words/phrases; pictures

Computer Access: (Check one)  Mac  PC

- Screen enlargement
- Keyboard using accessibility options
- Word prediction, abbreviation/expansion to reduce keystrokes
- Keyboard
- Arm support (e.g. Ergo Rest)

Composing Written Material

- Word cards/word book/word wall
- Pocket dictionary/theasaurus
- Electronic talking dictionary/theasaurus/ spell checker (e.g. Franklin Speller)
- Word processing with spell checker/grammar checker

Communication

- Eye gaze board/frame
- Communication board/book with pictures/objects/letters/words
- Simple voice output device (e.g. BigMac, Cheap Talk)
- Voice output device with levels (e.g. Superhawk)
- Voice output with icon sequencing (e.g. Chatbox)

Reading, Studying, and Math

Reading

- Reading partner
- Standard text
- Changes in text size, spacing, color, background color
- Computer with voice output (e.g. IntelliTalk)
- Use of pictures/symbols with text (e.g. Picture It, Writing with Symbols 2000)
- Reading pen or other single word scanner

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- Computer with Braille output
- Predictable books
- Book adapted for page turning (e.g. page fluffers, 3-ring binder)
- Scanner with OCR and talking word processor (e.g. Kurzweil)
- Electronic Books
- Books on tape
- Other: \_\_\_\_\_

Learning/Studying

- Print or picture schedule
- Low tech aids to find materials (e.g. index tabs, color coded folders)
- Highlight text (e.g. markers, highlight tape)
- Recorded material (e.g. books on tape, taped lectures)
- Voice output reminders for assignments, steps or task, etc.

Math - Adapted:

- Abacus/math line
- Enlarged math worksheets
- Low tech (e.g. manipulatives, sticky notes, stamps)
- Money calculator and Calculator
- Tactile/voice output measuring devices

- Talking watches/clocks
- Calculator
- Math software: (e.g. Math Pad)
- Other: \_\_\_\_\_

Recreation and Leisure

- Toys adapted with Velcro, magnets, handles
- Toys adapted for single switch operation
- Adaptive sporting equipment (e.g. lighted or beeping ball)
- Universal cuff / strap to hold crayon, markers, etc.
- Modified utensils (e.g. rubber stamps, brushes, etc)

- Ergo Rest or other arm support for drawing/painting
- Electronic aids to control / operate TV, VCR, CD player, etc.
- Software to complete art activities
- Games on the computer
- Other computer software:
- Other: \_\_\_\_\_

Activities of Daily Living (ADLs)

- Non-slip materials to hold things in place
- Universal cuff / strap to hold items in hand
- Color coded items for easier location and identifying
- Adaptive eating utensils (e.g. foam handles, scoop dish)
- Adaptive drinking devices (e.g. cup with cut out rim)

- Adaptive dressing equipment (e.g. button hook, elastic shoe laces, Velcro instead of buttons, etc.)
- Adaptive devices for hygiene (e.g. adapted toothbrush, raised toilet seat, etc.)
- Adaptive bathing devices
- Adaptive equipment for cooking
- Other: \_\_\_\_\_

Mobility

- Walker or other assistive device
- Manual wheelchair
- Powered mobility toy (e.g. Cooper Car, Gobot)
- Powered scooter or cart

- Powered wheelchair with joystick or other control
- Grab bars and rails
- Other: \_\_\_\_\_

Positioning and Seating

- Non-slip surface on chair to prevent slipping (e.g. Dycem)
- Bolster, rolled towel, blocks for feet

- Adapted / alternate chair, sidelyer, stander
- Custom fitted wheelchair or insert
- Other: \_\_\_\_\_

Control of the Environment

- Light switch extension
- Use of interface and switch to activate battery operated devices
- Use of interface and switch to turn on electrical appliances (e.g. radio, fan, blender)
- Remote control via infrared, radio, etc.
- Use of augmentative communication device to control environment
- Other Environmental Control Unit:
- Other: \_\_\_\_\_