



# Pre-Assessment Profile

University of Kentucky Assistive Technology (UKAT) Project

Student Name:

DOB/Age:

School/District:

Date:

## Personal Resources & External Supports

Complete all sections: Behavior, Communication, Education: Foundations, Education: Academic, Health/Medical, Physical, Sensory, & Pre-Assessment Summary. If student is currently using a device or modification, please answer their current performance with that device or modification unless otherwise directed.

### Behavior

Team has considered this area of student performance and it is not a concern for this student.

Indicate the student's ability in the following areas.

The Student	Yes	No	Some-times	Comments
Responsible for materials				
Handles equipment in an appropriate manner				
Has necessary materials at appropriate times				
Trustworthy				
Can attend to a task for _____ min./sec. (indicate number & circle time)				

Describe reinforcers that have been or could be motivating for the student.

Reinforcers	Description
People	
Food	
Objects	
Activities/use of time	
Sound/movement	
Potential reinforcers	
Other:	

Describe behavior management programs currently being implemented with the student. Please attach documentation if available: \_\_\_\_\_

Provide additional behavioral information related to the use of assistive technology: \_\_\_\_\_

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

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

### Communication

Team has considered this area of student performance and it is not a concern for this student.

What types of object representation does the student understand? (check all that apply)

- Real objects                       Miniature objects       Photographs       Color drawings
- Black line drawings       Symbols                       Other: \_\_\_\_\_

What is the student's primary mode of expressive communication?

- Alternative and Augmentative Communication                       Other: \_\_\_\_\_
- Verbal Communication     None
- Written Communication \_\_\_\_\_

If an alternative or augmentative communication system is in place (non-electronic or electronic), which selection set is used by the student? (check all that apply)

- Real objects                       Miniature objects       Photographs       Color drawings
- Black line drawings       Symbols                       Other: \_\_\_\_\_

Describe the student's typical communicative behavior: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate the student's level of development as either a strength or weakness relative to the student's functional abilities. Describe the strength or weakness.

Communication Abilities	Relative Strength	Relative Weakness	Comments
Understanding of spoken language			
Use of speech to communicate			
Initiation			
Articulation/ intelligibility with familiar people			
Articulation/ intelligibility with non-familiar people			
Voice (i.e. volume, projection, control)			
Fluency			
Vocabulary: approx. no. of words _____ (indicate number)			
Oral motor skills			
Other:			

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

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

Indicate the level of assistance required by the student to perform the following functions.

Communication Skills	Assistance			Comments
	None	Partial	Full	
Greeting/closing				
Commenting				
Requesting attention				
Requesting assistance				
Requesting objects				
Protesting/rejecting				
Making choices				
Attending to an object				
Taking turns				
Drawing/picture identification				
Other:				

Check the methods of selection used by the student to communicate. (check all that apply)

Methods of Selection	Points	Gestures	Uses facial expressions	Signs	Scans	AAC system	Verbalizes	Other	None	Method works?	*Level of prompt
Respond to yes/no questions										<input type="checkbox"/> Y <input type="checkbox"/> N	
Express basic wants or needs										<input type="checkbox"/> Y <input type="checkbox"/> N	
Express novel ideas										<input type="checkbox"/> Y <input type="checkbox"/> N	
Answer questions										<input type="checkbox"/> Y <input type="checkbox"/> N	
Complete academic assignment										<input type="checkbox"/> Y <input type="checkbox"/> N	
Interact socially with peers										<input type="checkbox"/> Y <input type="checkbox"/> N	
*Prompt levels: FP = Full physical; PP = Partial physical; M = Modeling; V = Verbal; N = None											

### Education: Foundations

Team has considered this area of student performance and it is not a concern for this student.

Indicate the student's level of development as either a strength or weakness relative to the student's functional abilities. Describe the strength or weakness.

Education Skills/ Cognitive Abilities	Relative Strength	Relative Weakness	Comments
Understanding of cause & effect relationships			
Choice making			
Matching			

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

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

Education Skills/ Cognitive Abilities	Relative Strength	Relative Weakness	Comments
Sorting			
Categorizing			
Following simple commands			
Sequencing			
Associating			
Initiating			
Short term memory			
Long term memory			
Problem solving			
Written comprehension			
Oral comprehension			
Organization			
Other:			

Briefly describe the student's cognitive functioning: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Education: Academics**

Team has considered this area of student performance and it is not a concern for this student.

Indicate the student's level of development as either a strength or weakness relative to the student's functional abilities. Describe the strength or weakness.

Reading Level: _____ (indicate level)	Relative Strength	Relative Weakness	Comments
Letter identification			
Key site words			
Decoding			
Oral reading			
Comprehension			
Silent reading			
Other:			

Math	Relative Strength	Relative Weakness	Comments
1 to 1 Correspondence			
Number sense			
Number identification			
Basic math facts			
Money handling			
Budgeting			

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

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

<b>Math</b>	<b>Relative Strength</b>	<b>Relative Weakness</b>	<b>Comments</b>
Time management			
Other:			

<b>Spelling</b>	<b>Relative Strength</b>	<b>Relative Weakness</b>	<b>Comments</b>
Spelling in context			
Spelling in isolation			
Other:			

<b>Mechanics of Writing</b>	<b>Relative Strength</b>	<b>Relative Weakness</b>	<b>Comments</b>
Letter formation			
Copying book to paper			
Copying board to paper			
Alignment & spacing			
Other:			

<b>Written Language</b>	<b>Relative Strength</b>	<b>Relative Weakness</b>	<b>Comments</b>
Writing personal information			
Sentence completion			
Grammatical structure			
Open response			
Original writing			
Note-taking			
Other:			

Indicate the level of assistance required by the student to perform the following functions.

<b>Self Help Skills</b>	<b>Assistance</b>			<b>Comments</b>
	<b>None</b>	<b>Partial</b>	<b>Full</b>	
Eating				
Food preparation				
Grooming				
Dressing				
Hygiene				
Toileting				
Safety (awareness & practices)				
Health management				
Assisting others				
Other:				

Student Name:

Date:

Vocational Skills	Assistance			Comments
	None	Partial	Full	
Classroom jobs				
School jobs				
Neighborhood jobs				
Community jobs				
Job searches				
Job applications				
Transition planning				
Other:				

Indicate the student's level of development as either a strength or weakness relative to the student's functional abilities. Describe the strength or weakness.

Social/Emotional	Relative Strength	Relative Weakness	Comments
Initiating interactions			
Self-regulation/monitoring			
Following rules			
Positive feedback			
Negative feedback			
Obtaining cues			
Indicating preferences			
Coping with negatives			
Terminating activities			
Offering assistance			
Requesting assistance			
Turn taking			
Other:			

### Health/Medical

Team has considered this area of student performance and it is not a concern for this student.

Provide health/medical information related to technology access (e.g. medications, allergies, medical conditions, seizures): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional health information related to the use of assistive technology: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physical**

Team has considered this area of student performance and it is not a concern for this student.

**Ambulation:**

Indicate unassisted and assisted ambulation of the student with a check mark or "X."

Ambulation	Unassisted	Assisted	Ambulation	Unassisted	Assisted
Roll			Wheelchair		
Crawl/scoot			Other		
Walk			N/A		

What is the student's primary mode of ambulation? \_\_\_\_\_

What is the student's secondary mode of ambulation? \_\_\_\_\_

**Positioning:**

Does the student independently position him/herself to meet most needs?  Yes  No

What types of positioning equipment does the student use? (check all that apply)

Side lying       Prone       Vertical       Supine       Other: \_\_\_\_\_

**Movement:**

To access a computer or other assistive technology, the student must have a consistent, reliable movement. Check all body parts that the student can use to produce consistent, reliable movements.

Head Area	Upper Extremities	Lower Extremities
<input type="checkbox"/> Head	<input type="checkbox"/> Shoulder <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Leg <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Eyes	<input type="checkbox"/> Arm <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Knee <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Mouth	<input type="checkbox"/> Hand <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Foot <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Chin	<input type="checkbox"/> Finger <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Toe <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Tongue	<input type="checkbox"/> Elbow <input type="checkbox"/> R <input type="checkbox"/> L	
	<input type="checkbox"/> Head	

Prioritize Movements (from above) Considering Speed and Accuracy	Describe
1.	
2.	
3.	

Describe positioning, support, and other considerations for the student to consistently repeat the priority movements: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe effect of overall muscle tone, range of motion, and balance on technology access: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





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

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

Visual Abilities	Yes	No	Partial	Comments
Visually crossing midline				
Visually exploring environment				
Depth perception				

**Tactile Profile:**

Describe tactile/texture preferences: \_\_\_\_\_  
\_\_\_\_\_

Describe tactile/texture aversions: \_\_\_\_\_  
\_\_\_\_\_

**Oral Sensitivity:**

Describe oral sensitivity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide additional information related to the use of assistive technology (including precautions and/or considerations): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sources**

List sources of information (i.e., parent, student file, therapy report) contained in the *Profile*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Demands**

Describe any additional demands that were identified through the pre-assessment process that were not identified during consideration: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Pre-Assessment Summary

Based on the information collected from the IEP, *Consideration*, and *Pre-Assessment Profile* identify priority demands and provide a historical perspective of interventions previously implemented pertaining to the demand. Complete a separate form for each demand. Label pages as a, b, c, etc., next to the page number below.

**Demand (#\_\_\_\_\_)**

Description of demand (all or part of a task): \_\_\_\_\_

- Area of function (for demand):
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Existence (ADL) | <input type="checkbox"/> Body Support, Protection, & Positioning | <input type="checkbox"/> Education & Transition        |
| <input type="checkbox"/> Communication   | <input type="checkbox"/> Travel & Mobility                       | <input type="checkbox"/> Sports, Fitness, & Recreation |
|  | <input type="checkbox"/> Environmental Interaction               |  |

Environment and Context: \_\_\_\_\_

Summarize the student's strengths and weaknesses identified in this document that specifically impact this demand: \_\_\_\_\_

Previous/current environmental adaptations: \_\_\_\_\_

Student perceptions of demand: \_\_\_\_\_

Basis of student perceptions:  Observed  Assumed  Stated

Student responses to demand: \_\_\_\_\_

Refer to the *Sample Alternative Strategies* and *WATI Continuum of Consideration* pages for more information on strategies and adaptations.

#### Instructional Strategies:

Previous/current: \_\_\_\_\_

Outcomes of previous/current: \_\_\_\_\_

Student perceptions of previous/current: \_\_\_\_\_

Basis of student perceptions:  Observed  Assumed  Stated

Additional Instructional Strategies: \_\_\_\_\_

**Student Name:** \_\_\_\_\_

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

**Instructional Adaptations:**

Previous/current: \_\_\_\_\_

Outcomes of previous/current: \_\_\_\_\_

Student perceptions of previous/current: \_\_\_\_\_

Basis of student perceptions:  Observed  Assumed  Stated

Additional Instructional Adaptations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Assistive Technologies:**

Previous/current: \_\_\_\_\_

Outcomes of previous/current: \_\_\_\_\_

Student perceptions of previous/current: \_\_\_\_\_

Basis of student perceptions:  Observed  Assumed  Stated

Additional Assistive Technologies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Date of completion of *Profile*: \_\_\_\_\_

Signatures of team members (e.g., student, parent, general and/or regular educator, facilitator, speech/language pathologist, physical therapist, occupational therapist, administrator.) involved in completing the *Profile*:

Name	Signature	Name	Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Next Steps:** (check one)  AT assessment will be completed by the current AT/IEP team within the school.  
 AT assessment will be completed with help from district resources.  
 AT assessment will be completed by external consultant services outside of the district.

**Target date:** \_\_\_\_\_ **Person responsible for coordinating:** \_\_\_\_\_

**\*NOTE:** If other than local team will be conducting assessment, provide that team with the *Pre-Assessment Profile* and *Consideration* tool as background information. Also include a copy of the *Assessment Report Outline* if that is your desired report format.