

Annual Assistive Technology (AT) and Therapy Screening

Person's

Name:

Home:

Date of Birth:

Diagnosis:

Person Completing Screening:

Today's Date:

Annual Meeting Date:

Currently receives outside services from: Occupational Therapy Speech Language Physical Therapy Other(s):

Over the past year, have there been any significant physical or medical changes? Yes No

If Yes, Please Describe:

PHYSICAL CONDITION

Current Therapy/ Program Plan(s):

Current Mechanical Supports:

Changes to Consider to Current Program:

SENSORY NEEDS

Current Therapy/ Program Plan(s):

Changes to Consider to Current Program:

May benefit from a sensory integration assessment (has self-stim/ abusive behaviors, difficulty with transitions, or is hypersensitive to touch/ sound/ movements)

Assistive Technology That Has Been Tried:

Please describe any assistive technology previously tried and outcome (how did it work or why didn't it work.)

Assistive Technology	Outcome

What task(s) does person need to do that is currently difficult or impossible, and for which assistive technology may be an option?

Areas in which the person may benefit from assessment (check all that apply)

MOBILITY (rolling, crawling, scooting, walking, propelling wheelchair):

Current AT Used:

Current Therapy/ Program Plan:

Changes to Consider to Current Program:

Additional AT that May Be Useful (not currently being used):

Wheelchair

Walker/ Gait-trainer

Handrails

Grab bar

Tub/ Shower Chair

Bed Handle/ Rail

Orthotics

Other:

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Person's mobility needs are currently being met.

COMMUNICATION

Current AT Used:

Current Therapy/ Program Plan:

Changes to Consider to Current Program:

Additional AT that May Be Useful (not currently being used):

- | | |
|--|--|
| <input type="checkbox"/> Book/ Board with Pictures/ Objects/ Symbols/ Words | <input type="checkbox"/> Voice output devices (Talker) |
| <input type="checkbox"/> Eye-Gaze System | <input type="checkbox"/> Call for Assist System |
| <input type="checkbox"/> Adapted Phone – Picture/ Amplified/ Easy dial | <input type="checkbox"/> Learn to Type Apps/ Software |
| <input type="checkbox"/> Person's Communication Needs Are Currently Being Met. | <input type="checkbox"/> Other: |

COMPUTER ACCESS

Current AT Used:

Current Therapy/ Program Plan:

Changes to Consider to Current Program:

Additional AT that May Be Useful (not currently being used):

- | | | |
|--|--|--|
| <input type="checkbox"/> Keyboard with Accessibility Options | <input type="checkbox"/> Simplified Desktop | <input type="checkbox"/> Key-guard or Arm Support |
| <input type="checkbox"/> Touch Screen | <input type="checkbox"/> Switch with Visual or Auditory Scanning | <input type="checkbox"/> Alternative Keyboard or Mouse |
| <input type="checkbox"/> Voice Recognition Software | <input type="checkbox"/> On-Screen Keyboard for Hand/ Head Operation | |
| <input type="checkbox"/> Other: | | |
| <input type="checkbox"/> Person's Computer Access Needs Are Currently Being Met. | | |

RECREATION and LEISURE

Current AT Used:

Current Therapy/ Program Plan:

Changes to Consider to Current Program:

Additional AT that May Be Useful (not currently being used):

- | | |
|---|---|
| <input type="checkbox"/> Electronic Aids to Operate TV, DVD, CD, VCR | <input type="checkbox"/> Activities/ Games Adapted with Velcro, Magnets, Handles |
| <input type="checkbox"/> Activities/ Games Adapted for Switch Use | <input type="checkbox"/> Adapted Sporting Equipment (i.e. lighted or beeping balls) |
| <input type="checkbox"/> Computer or Tablet Games | <input type="checkbox"/> Writing Aid (holder, grippers, supports) |
| <input type="checkbox"/> Card Holder | <input type="checkbox"/> Arm Support (assist to draw, paint, reach) |
| <input type="checkbox"/> Other: | |
| <input type="checkbox"/> Person's Recreation and Leisure Needs Are Currently Being Met. | |

READING

Current AT Used:

Current Therapy/ Program Plan:

Changes to Consider to Current Program:

Additional AT that May Be Useful (not currently being used):

- | | |
|---|--|
| <input type="checkbox"/> Self-Help Aid in Visual Tracking – magnifier, line-help, highlight | <input type="checkbox"/> Recorded text or Talking Books – “read along” |
| <input type="checkbox"/> Computer with Text to Speech Software | <input type="checkbox"/> Less Text Per Page or Enlarged Print |
| <input type="checkbox"/> Learn to Read Apps or Software | <input type="checkbox"/> Picture Supported Text |
| <input type="checkbox"/> Other: | |

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Person's Reading Needs Are Currently Being Met.

MONEY/ MATH/ TIME

Current AT Used:

Current Therapy/ Program Plan:

Changes to Consider to Current Program:

Additional AT that May Be Useful (not currently being used):

- | | | |
|--|--|---|
| <input type="checkbox"/> Talking/ Braille Watch or Clock | <input type="checkbox"/> Talking/ Braille/ Scanning Calculator | <input type="checkbox"/> Tactile Devices (ruler/ clock) |
| <input type="checkbox"/> Money Calculators or Coin-u-lator | <input type="checkbox"/> Enlarged Clock | <input type="checkbox"/> Time-timer |
| <input type="checkbox"/> Other: | | |
| <input type="checkbox"/> Person's Money/Math/Time Needs Are Currently Being Met. | | |

MEALS and COOKING

Current AT Used:

Current Therapy/ Program Plan:

Changes to Consider to Current Program:

Additional AT that May Be Useful (not currently being used):

- | | |
|---|--|
| <input type="checkbox"/> Adapted Plate/ Utensil/ Cup | <input type="checkbox"/> Adapted Cooking Tools (measure/ cut/ mix/ time) |
| <input type="checkbox"/> Modify Chair, Table, Counter, Support | <input type="checkbox"/> Simplified or Picture Recipes |
| <input type="checkbox"/> Prompt System for step-by-step Cooking | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Person's Meal and Cooking Needs Are Currently Being Met. | |

DRESSING and HYGIENE

Current AT Used:

Current Therapy/ Program Plan:

Changes to Consider to Current Program:

Additional AT that May Be Useful (not currently being used):

- | | |
|---|---|
| <input type="checkbox"/> Adaptive/ Easy Clothing and Shoe Fasteners | <input type="checkbox"/> Dressing Assists |
| <input type="checkbox"/> Modified Grooming/ Tooth-Brushing Items | <input type="checkbox"/> Hands-Free/ Push-Button/ Pump/ Dispensers/ Faucets/ Dryers |
| <input type="checkbox"/> Non-Slip Floor or Mat | <input type="checkbox"/> Bidet |
| <input type="checkbox"/> Other: | |
| <input type="checkbox"/> Person's Dressing and Hygiene Needs Are Currently Being Met. | |

ORGANIZATION and INDEPENDENCE

Current AT Used:

Current Therapy/ Program Plan:

Changes to Consider to Current Program:

Additional AT that May Be Useful (not currently being used):

- | | |
|---|--|
| <input type="checkbox"/> Electronic Organizer or Reminder | <input type="checkbox"/> Print or Picture Schedules |
| <input type="checkbox"/> Software for Organizing Ideas or Schedule | <input type="checkbox"/> Personal Tracking (locate in the community) |
| <input type="checkbox"/> Pill Box/ Popper/ Splitter | <input type="checkbox"/> Reacher |
| <input type="checkbox"/> Improve Lighting (task, room, night) | <input type="checkbox"/> Automatic Door Opener |
| <input type="checkbox"/> Home Automation Device/ System (voice or switch activated) | |

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- Other:
- Person's Organization and Independence Needs Are Currently Being Met.

Just because it isn't listed above does not indicate that it doesn't exist.

Other ideas or needs

The Assistive Technology Professional or Therapy can help the PC and Person by:

- Helping to create a program for the person using AT
- Helping to set up an appointment with PACER or STAR
- Training staff on AT being used
- Additional Therapy support
- Other – *Describe*
- Attending an annual meeting to help facilitate an AT or Therapy discussion

For Therapy Department Comments Only

For Assistive Technology Professional Comments Only