



Special Education Technology Center
Central Washington University
400 East University Way
Ellensburg, WA 98926-7413
www.cwu.edu/~setc
(509) 963-3350
FAX: 509-963-3355

Dear Applicant:

Enclosed is the collaboration packet that you requested. Our packet consists of the following:

1. Cover letter explaining our collaboration process
2. Collaboration packet
3. Videotape Planning Worksheet

Instructions for completion and submission of the collaboration packet are on Page 2 of the packet. After we have received your completed application and videotape, we will contact you to arrange for the collaboration date and time. At this time we will also discuss the collaboration options and select the format most suitable to your needs. Collaboration options include face to face collaboration, video conference, and telephone consultation.

The Process:

The videotape you provide will be viewed during the collaboration as a frame of reference for technology and teaching strategies that are discussed. **The focus of a collaboration is technology planning as it relates to a student's school program including communication, physical access, and academics.** This process involves demonstrations and discussions of technology for current and future use.

The collaboration differs from an "assessment" in that the focus is on sharing a wide range of technology information rather than a one-time trial or "hands-on" assessment of a student's skills. Information shared by team members and family will determine what technology is suggested for the student. We have found that your experience with the student, over time and in a variety of settings, is more useful than having the student try out equipment in an unfamiliar setting.

Only occasionally are students involved in the collaboration process. Generally, team members and parents can participate best without the student being present. After the collaboration, items from our lending library can be borrowed as a means for conducting these technology trials in an environment familiar to the student. Students of transition age (14 years and older) are welcome as a member of the school team if they are capable of making a contribution to the collaboration process.

Note: An exception to the above procedure occurs when our team feels we can be of assistance in identifying a good access method, such as adaptive switch site locations for severely motorically handicapped students or when a student needs to try out a specific technology that cannot be sent to the student's school. In these cases, we may ask you to arrange for the student to attend the collaboration.

At the collaboration, notetaking forms will be made available to the school team. If you are not attending a face to face collaboration, please download the notetaking form and vendor list from our website. (The link is under the "Collaboration" heading.) The team is encouraged to take good notes since *no formal report will be written* by the SETC staff. We will maintain a file on your student containing your application materials and our notes from the meeting until your student reaches 21 years of age.

You will receive a follow-up phone call or email from one of our staff members approximately two months after the collaboration to discuss how you are doing with implementing the suggestions that were offered at the collaboration and to see if we can be of further assistance. Our staff is available for consultation at any time by email or telephone.

Collaborations may be viewed by university faculty and students. If this is a problem for any reason, please let us know.

Sincerely,

SETC Staff:

Jerry Connolly, Director
Janis Pock, Augmentative Communication Specialist
Bob Mahan, Occupational Therapist
Julie Macdonald, Occupational Therapist
Doris Hayashi, Program Coordinator
Sue Wright, Program Assistant

Enclosures



Collaboration Packet

Student's Name: _____ Date of Birth: _____

School District: _____ ESD: _____

School Student Attends: _____

PRIMARY CONTACT INFORMATION:

(Arrangements for the collaboration will be made with this person. The contact person is responsible for contacting the team members and sharing the information provided by the Special Education Technology Center.)

Name of Primary Contact: _____

E-Mail Address: _____

Work Phone: _____ Fax: _____

Home Phone: _____ Cell Phone: _____

(Numbers where team can be reached at the last minute in the event the collaboration has to be rescheduled due to weather or illness.)

Mailing address: **(If there is a PO Box please list it.)**

Building: _____

PO Box or Street Address: _____

City/State/Zip: _____

OFFICE USE ONLY

Date received: _____ Student ID #: _____

Date sent for scheduling: _____

Date sent to staff members: _____ SETC Staff: Bob Julie Other: _____

INSTRUCTIONS FOR COMPLETION OF PACKET

1. Meet as a team, including the family, to discuss the student and fill out the packet. (Avoid having the family or staff solely responsible for completion of the packet.)
2. Read through the cover letter and videotape instructions.
3. Complete the packet using a pen with dark ink that will photocopy well.
Do not use a pencil.
4. Make certain all questions are answered and mark NA for those questions not applicable to the student. It may not be necessary to fill out every section of the packet for your student. Note the instructions at the beginning of each section.
5. Include any relevant reports or other materials which you feel will be helpful for our staff.
6. Also include a form from your district authorizing an exchange of confidential information with the Special Education Technology Center.
7. Keep a copy of the packet and the videotape for your records.
8. **Send 3 copies (*the original and 2 copies*) of the completed packet (including all supporting documents) with the videotape to:**

**Special Education Technology Center
Central Washington University
400 East University Way
Ellensburg, WA 98926-7413
Phone: 509-963-3350
FAX: 509-963-3355**

What leisure activities does the student enjoy?

At home: _____

In the community: _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS FOR STUDENTS 14 YEARS OR OLDER

Is post secondary education a realistic option?

Yes No

If yes, college/university
 community college
 vocational-technical institute
 other: _____

Vocational goal: Check all that may apply.

competitive employment (independent)
 competitive employment (supported)
 enclave
 sheltered employment
 other: _____

Probable living situation:

independent
 supported
 family or group home

SECTION 2: THE TEAM/CLASSROOM

THIS SECTION MUST BE FILLED OUT FOR ALL STUDENTS

How often are team meetings held regarding this student?

- once a week once per quarter less than once per month, more than once per quarter
 twice per month once per year (IEP)
 once a month as needed

Who attends?

- OT/PT Parapro(s) Administrator
 SLP Regular Ed Teacher Parent
 SPED Teacher Psych Other Specialist (Vision, Hearing, etc.)

Collaboration goals/concerns: (What product/result do you expect from this collaboration?)

If it is determined that a collaboration is to be conducted at the Special Education Technology Center, who will be released to attend? (We strongly recommend the entire team.)

Position	Name
OT	
SLP	
PT	
Teacher	
Sped Teacher	
Parapro	
Vision Spec.	

Have any of the following agencies assessed or evaluated this student within the past 12 months? Describe what type of assessment resulted.

Facility	Type of Assessment	Date
<input type="checkbox"/> Children's Hospital and Medical Center (Seattle, WA)		
<input type="checkbox"/> Child Development and Rehabilitation Center (Portland, OR)		
<input type="checkbox"/> Another Hospital:		
<input type="checkbox"/> Private evaluation: Person/agency name:		
<input type="checkbox"/> University organization:		
<input type="checkbox"/> Other:		

Is another agency presently involved with this student?

Yes No NA

If so, please list their name and give a description of the services they provide for the student.

What is the staff experience with this student's handicapping condition?

- None
- Minimal
- Moderate
- Lots
- Only one staff member is familiar
- Itinerant staff has had most of the experience

Our team

- is **very** familiar with a **wide range** of technology
- is **somewhat** familiar with a wide range of technology
- is familiar with a **narrow range** of technology (specify) _____
- is just starting to use technology (specify) _____
- has 1 or 2 members who are sort of "techie" (list names) _____
- is generally familiar with older and dated technology
- is totally new at using technology and is generally unfamiliar with it

SECTION 3: THE STUDENT'S FUNCTIONING LEVELS

THIS SECTION MUST BE FILLED OUT FOR ALL STUDENTS

Please describe the individual's present capabilities and/or limitations in the following areas. If a significant limitation exists in any of the areas, please attach relevant reports/assessments.

1. Cognitive:

Understands cause and effect

Student demonstrates awareness of objects by:

searching with eyes

searching physically

verbalizing

Student can sequence series of items

Student can recall a sequence of items

Student attends to a task for _____ minutes

Student processes and responds to information:

at an average rate

with additional thinking time

with repetition of instruction

with repeated practice

with multiple methods of presentation

In the area of problem solving, student:

invents new strategies

is independent

asks for help

waits passively for help

acts impulsively

is prompt dependent

lacks awareness of problem

Does student generalize skills?

yes

no

Other (please specify): _____

2. Vision:

Student's vision appears normal: yes no **If no, complete the following questions in this section.**

Describe student's vision with correction and without (in layman's terms).

Student can: visually track visually sequence understand spatial relationships

List visual requirements (color, contrast, etc.):

What size picture can student see effectively and at what distance?

Has student had a functional vision assessment? yes no

If yes: Date of assessment: _____ By whom: _____

3. Hearing:

Student's hearing appears normal: yes no **If no, complete the following questions in this section.**

Describe student's hearing: _____

Date of student's last hearing assessment: _____ By whom: _____

Does student have a need for sign language? yes no

4. General health:

Has restrictions or special requirements for drinking or feeding.

Notes: _____

Has seizures. List type and significant side effects.

Takes medications with significant side effects. List effects.

Do you expect any of the above to change in the next 5 years? How?

PLEASE COMPLETE THE FOLLOWING QUESTIONS FOR STUDENTS WITH ACADEMIC NEEDS

5. Reading grade levels:

Decoding: _____ Comprehension: _____

Reading approach used (phonics, basal, whole language, etc.): _____

Problems: _____

6. Written language:

How does the student most effectively express him/herself in written form? _____

[] We haven't found an effective means for this student to express him/herself in written form.

If applicable, how long would it take him/her to write a 25 word paragraph using the above method? _____

What is the student's grade level in spelling? _____

7. Math Skills:

Describe the student's current level of functioning in math.

How does he/she demonstrate understanding of math concepts? (specify use of paper/pencil, manipulatives, calculator, oral response, etc.)

[] We haven't found an effective means for this student to express his/her understanding of math concepts.

SECTION 4: PHYSICAL ACCESS TO TECHNOLOGY

COMPLETE PAGES 10-11 FOR STUDENTS WITH PHYSICAL ACCESS NEEDS

1. **Hand preference:** right left

2. **The student can:**

- | | |
|---|--|
| <input type="checkbox"/> grasp/release objects | <input type="checkbox"/> maintain switch closure |
| <input type="checkbox"/> cross midline | <input type="checkbox"/> point with 1-2 fingers |
| <input type="checkbox"/> point with whole hand | <input type="checkbox"/> write with a pen/pencil |
| <input type="checkbox"/> maintain accurate point (no athetosis) | <input type="checkbox"/> type |

3. **Describe student's physical movement, positioning, dexterity, range, strength, dependability (in layman's terms). Include smallest area student can accurately point and widest range of access.**

4. **Please indicate all equipment currently used in the areas of:**

feeding: _____

seating/positioning: _____

other: _____

5. **Has a switch assessment ever been completed?** yes no

If yes: Date of assessment: _____ By whom: _____

What were the results? _____

6. Check the switches that have been tried with the student. Indicate whether the student was:

1 = Very successful 2 = Somewhat successful 3 = Not successful

	1	2	3		1	2	3
<input type="checkbox"/> BASS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pal Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Big Red	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Buddy Button	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Proximity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ellipse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sound sensor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sip/Puff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Infrared sensor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Specs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Jelly Bean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> String	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Joggle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Treadle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Leaf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Twitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Light touch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ultimate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Motion sensor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Wobble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify): _____					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Check the switch access methods that have been tried with the student and note right or left where appropriate. Indicate whether the student was:

1 = Very successful 2 = Somewhat successful 3 = Not successful

	Right	Left	1	2	3
<input type="checkbox"/> Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cheek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Forearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Thigh/Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (specify): _____

8. Check the environmental control technologies that have been tried with the student. Indicate whether the student was:

1 = Very successful 2 = Somewhat successful 3 = Not successful

	1	2	3
<input type="checkbox"/> PowerLink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cordless Big Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wireless Pal Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TASH Ultra 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> X-10 system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (specify): _____

SECTION 5: COMPUTER ACCESS

COMPLETE PAGES 12-13 FOR STUDENTS WITH COMPUTER ACCESS NEEDS

1. Are there software programs or tasks that you would like the student to be able to use but that he/she is unable to use because of computer access limitations? yes no

If yes, please name those programs or tasks: _____

2. Check the computer platform that the student will be using:

- a. in the current school environment: Apple II Macintosh Windows
- b. in a future school environment: Apple II Macintosh Windows
- c. at home: Apple II Macintosh Windows

3. Check the computer access technologies that have been tried with the student. Indicate whether the student was:

1 = Very successful 2 = Somewhat successful 3 = Not successful

HARDWARE:

	1	2	3
<input type="checkbox"/> Switch Interface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Discover:Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Discover:Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> IntelliKeys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mini Keyboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Touch Window (or other touchscreen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Trackball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Joystick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Touchpad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> HeadMouse or Tracker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1 = Very successful

2 = Somewhat successful

3 = Not successful

SWITCH ACCESSIBLE SOFTWARE (list by name):

	1	2	3
[] _____	[]	[]	[]
[] _____	[]	[]	[]
[] _____	[]	[]	[]
[] _____	[]	[]	[]

ON-SCREEN KEYBOARDS (list by name):

	1	2	3
[] _____	[]	[]	[]
[] _____	[]	[]	[]

SCREEN READER (list by name):

	1	2	3
[] _____	[]	[]	[]

SCREEN ENLARGEMENT (list by name):

	1	2	3
[] _____	[]	[]	[]

OTHER (list by name):

	1	2	3
[] _____	[]	[]	[]
[] _____	[]	[]	[]

SECTION 6: WRITTEN LANGUAGE

COMPLETE THIS PAGE FOR STUDENTS WHO NEED ACCESS TO WORD PROCESSING

1. Is the student capable of typing on a regular keyboard? yes no

If yes, how would you describe the student's approach to typing?

- One finger
- Hunt and peck using multiple fingers
- One handed touch typing
- Two handed touch typing

2. Which word processing software has the student used? _____

What was the result? _____

3. Has the student tried word prediction software? yes no

If yes, which product was used? _____

What was the result? _____

4. Has the student tried a dedicated portable word processing device such as an AlphaSmart Keyboard, Dreamwriter, LaserPC5, eMate, etc.? yes no

If yes, which device was used? _____

What was the result? _____

5. Has the student tried speech recognition software? yes no

If yes, which product was tried? _____

What was the result? _____

6. Has the student tried an alternate keyboard for word processing? yes no

If yes, which device was used? _____

What was the result? _____

SECTION 7: COMMUNICATION

COMPLETE PAGES 15-17 FOR STUDENTS WHO NEED ASSISTANCE/ALTERNATIVES IN ORAL COMMUNICATION

1. Describe, in general, how the student currently communicates. Please include meaningful behaviors in your description.

2. What objects/activities will motivate the student to communicate?

3. Please answer the following regarding the student's current communication level. Check any of the following that apply in each section.

Student's current expressive communication system:

- Oral
 Less than 50% intelligible to unfamiliar partners
 Less than 25% intelligible to unfamiliar partners
 Gestures
 Sign Language
 _____ # of signs student uses **spontaneously**
 Picture board or PECS

Estimated student receptive level:

- Unable to assess formally

Assessment tool used: _____

- Within 1 year of CA
 Less than 50% of CA

Please check your responses to the following questions:

Student can:	Yes	No
Follow verbal classroom instructions	<input type="checkbox"/>	<input type="checkbox"/>
Make basic needs and wants known	<input type="checkbox"/>	<input type="checkbox"/>
Communicate academic understanding	<input type="checkbox"/>	<input type="checkbox"/>
Initiate communication with adults	<input type="checkbox"/>	<input type="checkbox"/>
Initiate communication with peers	<input type="checkbox"/>	<input type="checkbox"/>

4. Check or list all forms of communication currently used by the student. Within each major heading (i.e., gestures, speech, etc.) indicate whether student:

1 = Tried with little success 2 = Is successful at least somewhat 3 = Is very successful

GESTURES:

	1	2	3
<input type="checkbox"/> Facial expressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Whole body gestures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Conventional gestures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gestural yes/no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Eye point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sign language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Give for help gesture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPEECH:

	1	2	3
<input type="checkbox"/> Vocalization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spoken yes/no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Short phrases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Uses connected speech but is only _____% understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MANUAL COMMUNICATION BOARD:

	1	2	3
<input type="checkbox"/> Photos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Single pictures (line drawings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sequencing pictures to communicate in sentences/phrases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MANUAL SIGNING:

	1	2	3
<input type="checkbox"/> Single adapted signs with prompt _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spontaneous adapted single signs without a prompt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Regular unadapted single signs without a prompt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 1–2 connected regular signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2 or more connected regular signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER:

	1	2	3
<input type="checkbox"/> Object cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Object or picture calendar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Simple choice making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Eye pointing system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Written text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Electronic device (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AUGMENTATIVE COMMUNICATION TECHNOLOGY (specify device used):

	1	2	3
Device name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Device name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Device name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Device name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Indicate ADULT communication that is likely to elicit student response.

NONVERBAL:

- gestures
- line drawings
- photographs
- sign language
- object cues
- words + gestures
- undetermined
- a combination of above

VERBAL:

- does not understand spoken words
- understands single words
- understands simple phrases
- understands conversation
- understands adult humor and idiomatic language
- needs visual cues paired with one of the above

6. What are the student's potential message needs within the next three years? (Check all that apply.)

- call attention
- answer yes/no questions
- make simple choices
- greet people
- signal emergencies
- express emotions
- confirm/reject
- initiate an interaction
- make requests
- converse
- repair communication breakdown
- give opinions
- clarify speech
- provide unique information
- other (specify): _____



THIS PAGE FOR PARENT/LEGAL GUARDIAN TO COMPLETE

Permission for Videotaping and Observation

I, _____, as parent or legal guardian of _____, grant permission to the Special Education Technology Center to do the following during the scheduled collaboration at the Special Education Technology Center or as a result of the collaboration:

CHECK THE FOLLOWING

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | To videotape my child while attending the collaboration |
| <input type="checkbox"/> | <input type="checkbox"/> | To use pre-taped video footage of my child during the collaboration |
| <input type="checkbox"/> | <input type="checkbox"/> | To use video footage of my child for purposes of educator training or staff development |
| <input type="checkbox"/> | <input type="checkbox"/> | University faculty and staff may observe this collaboration process |

I, the undersigned, understand that by giving permission for the Special Education Technology Center to use video footage of my child, that said videotape becomes the property of the Special Education Technology Center and will be used for educational purposes only.

Parent/Legal Guardian: _____

Date: _____

Videotape Planning Worksheet

- Fill in the worksheet below, making sure that all of the important components listed on the left-hand side of the page are included.
- **Complete only the sections that apply to your student.**
- We are requesting a 10-20 minute video. **Tapes longer than 20 minutes will be returned** and your file will be on hold until we receive the edited tape.
- Be sure that you send a copy of this completed worksheet with the video and packet.

IMPORTANT COMPONENTS TO INCLUDE:	COMPLETE THIS SECTION & USE WHEN TAPING YOUR STUDENT'S VIDEO
<p>INTRO: 30 SECONDS</p> <ul style="list-style-type: none"> • Display student's name and school district on a printed sign that is visible to the viewer • Verbally introduce yourself, the student, the school district, and the date of taping 	<p>INTRO:</p>
<p>PHYSICAL ACCESS ISSUES: 3-5 MINUTES</p> <ul style="list-style-type: none"> • If student is ambulatory, but has physical access issues, show 1 minute of student walking • If student uses an adaptive switch, show a close-up view of the part of the body used to activate the switch while performing the activation. Also show object, activity, or software that is the target of the switch activation. • Show the student in his/her optimal position using the technology available to him/her such as computer keyboard or mouse, alternative computer input devices, adaptive switches, etc. • Make sure the video describes or shows what type of activity the student is doing on the computer (i.e., copying, typing from dictation, using a program, etc.) 	<p>PHYSICAL ACCESS ISSUES:</p>

<p>COMMUNICATION: 3-5 MIN.</p> <ul style="list-style-type: none">• Show typical communication systems student is now using• Show student communicating with peer• Video tape a quality recording of student's speech/vocalizations (If the student is able to read, reading aloud for 1-3 min. is a good choice. Describing pictures is another good choice.)• If speech generating devices have been tried, videotape 10-30 seconds of student using each device	<p>COMMUNICATION:</p>
<p>WRITTEN COMMUNICATION: 2 MINUTES</p> <ul style="list-style-type: none">• Show student using best means of writing• Video tape a quality recording of student's speech. (Telling a story provides a good speech sample.)	<p>WRITTEN COMMUNICATION:</p>
<p>OTHER CONCERNS AND ADDITIONAL INFORMATION: 2-3 MINUTES</p> <ul style="list-style-type: none">• List other issues you would like us to address (e.g., the student's fingers getting stuck in a keyguard, inconsistent switch activation, unsuccessful use of communication device, etc.)	<p>OTHER CONCERNS AND ADDITIONAL INFORMATION:</p>