Infinitec Assistive Technology Coalition

Infinitec Assitive Tech Coalition Center * 7550 West 183rd Street * Tinley Park, IL 60477
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Student Background Information

Student _____ **DOB** _____ **Age** _____
Grade _____ **School** _____ **Fax number** _____
School phone _____**School contact person** _____
Contact Email_____**School address**_____
Student's diagnosis: _____
Related disabilities (vision impairment, seizures, etc.):
_____
Services received in school: OT☐PT☐Speech Therapy☐Vision☐ Other _____
Classroom placement: (please indicate % of day in each)

Medical history Please note any significant medical concerns/events which may impact the student's current abilities/status

Vision Date of student's last vision report: _____
Does student's vision interfere with the completion of daily activities?

Hearing Does the student have any apparent hearing difficulties which affect classroom participation/ performance?

Motor Control Does the student have any limitations in range of motion which affect his/her classroom performance?

Does the student have abnormal reflexes or muscle tone that affect his/her ability to control movements?

Is fatigue a factor in the student's day?

Describe the student's fine motor abilities (e.g., pencil grip, manipulating paper).

What writing is required in student's current placement? (essays, short answer, fill in the blank, etc.)

Mobility: What is the student's typical means of mobility? (if wheelchair, power or manual?)

Behavior: Does the student demonstrate any adverse reactions to things happening in his/her environment (aversion to touch, sound, etc.)?

Please note any other factors related to the student and/or his/her environment that you feel are significant:

Cognitive Skills

Does the student appear to understand object permanence? _____

Does the student appear to understand cause and effect? _____

Does the student appear to understand means-end? _____

Does the student anticipate routine? _____

Does the student identify familiar people/objects?

Does the student demonstrate functional use of objects? _____

Does the student sort? _____

Can the student identify sight words? _____ if yes, how many? _____

Does the student read? If so, at what approximate grade level?

How long will the student attend to tasks?

_____

Does this student appear to identify AAC supports as a means to communicate with others? (if applicable)

_____

Communication

Does the student show interest in communicating with others? _____

Does the student understand single words? _____ If yes, how many? _____

Does the student follow verbal commands? If yes, how many steps?

_____

Does the student respond to yes/no questions?

_____

Does the student respond to wh questions?

_____ _

How well does the student understand conversational speech?

_____ _

What is the student's primary mode of communication at school?

_____ _

What is the student's primary mode of communication at home?

_____

If the student uses spoken language, how well is he/she understood?

Summary

Please highlight the student's strengths and challenges:

Identify the primary area of concern for this collaboration?	List the specific tasks the student is expected to complete that relate to this area of concern.	What has been tried to assist the student in doing these tasks?	Additional comments

PLEASE WRITE ONE SPECIFIC QUESTION YOU WOULD LIKE THE COLLABORATION TO ADDRESS* ***(this information is needed prior to scheduling the collaboration):***

List any specific pieces of assistive technology that the team would like to consider:

List names and roles (include parent) of team members contributing to this report:

Please attach the student's daily schedule, a video of your student, and copy of the student's current IEP.*