

Assistive Technology Assessment

For Students Who Are Blind or Visually Impaired

Student's Name: _____ Date: _____

The purpose of this Assistive Technology Assessment is designed for use with students who are blind or visually impaired to determine which assistive technology tools are appropriate to meet the student's current and future needs.

ACCESSING PRINT:

Regular Print

How is the student able to access regular size print?

- Without adaptations, the student views standard print of 10-14 pt size from _____”.
- With adaptations, views regular size print from _____ inches using:

Name of prescribed magnifier _____ power _____
Comments: _____

Large Print

How is the student able to access large print?

Name of prescribed magnifier _____ power _____

_____ 18 pt print at approximately _____ inch viewing distance w/o magnifier;	_____ pt print at approximately _____ inch viewing distance w/o magnifier;
_____ inch viewing distance with magnifier	_____ inch viewing distance with magnifier

Comments: _____

Print Preference

What is the student's preferred font family?

- APHont
- Arial
- Tahoma
- Verdana
- Other _____

What is the student's preferred point size when they are not using an optical aid? _____ Pt size

When reading printed information, the student is able to read:
_____ WPM orally using _____ point font size using _____ (device)

Video Magnifier

When using a video magnifier, the student was able to identify text as small as _____ point size.

Contrast Preference

- Black text on a white background
- White text on a black background
- A custom color combination of _____ text on _____ background



The student was able to demonstrate the following skills:

- | | | |
|---|------------------------------|-----------------------------|
| Adjust the size of the image for near/distance | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Focus image near/distance. | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Smoothly navigate using the XY table. | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Independently adjust the XY table brake and stops | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Legibly write name and a short sentence | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Move from line to line while reading at _____ words per minute. | | |

Notes: _____

Low Vision (Distance)

When accessing materials from the board/screen, the student was able to read information:

- without** the use of an optical aid at a distance of _____ feet.
- with** the use of a(n) _____ optical aid at a distance of _____ feet.

Notes: _____

Braille & Tactile

When accessing materials tactually, the student was able to:

- Identify simple tactile graphics yes no
- Read braille at a rate of _____ words per minute. yes no
- Read braille on a refreshable braille display at a rate of _____ words per minute.

Notes: _____

Auditory

When accessing printed information from a recording, the student was able to:

- Answer simple questions and relate details from a recording. yes no
- Paraphrase information presented from a recording. yes no
- Write/type/braille a sentence presented from a recording with no more than two repetitions. yes no
- Insert and remove CD/SD card from a playback device. yes no
- Activate play/pause/stop/fast forward/rewind/chapter navigation/page navigation/bookmark functions. yes no
- Understand fast speech and manipulate variable speed and pitch controls. yes no

Notes: _____



PRODUCING PRINT:

Handwriting

- Is the student able to write legibly? yes no
- Does the student use normal spacing? yes no
- Is the student able to write at a rate comparable to his/her peers? yes no
- Is the student able to read his/her own handwriting? yes no
- Is the student able to sign/write their own name? yes no
- Did the student use any of the following adaptations?
- Signature guide yes no
 - Raised line paper yes no
 - Bold line paper yes no
 - Felt tip pen/bold pencil yes no
 - Other: _____
-

Braille Writing

- When using a braille writing device, the student is able to:
- Use a manual braille writer to emboss characters/words/sentences. yes no
- Use a slate and stylus to emboss characters/words/sentences. yes no
- Uses an electronic braille device to enter characters/words/sentences. yes no

Name of device: _____

Notes: _____

COMPUTER ACCESS:

Previous Computer Use

- Has the student used computers before? yes no unsure
- Product: _____ laptop desktop
- Has the student typed on a computer before? yes no unsure
- Has the student used word processing software before? yes no unsure
- Has the student played games on a computer before? yes no unsure
- Can the student locate the home row typing position? yes no
- Does the student maintain proper hand position when typing? yes no
- Can the student type their name? yes no
- Have computers been modified for the student in the past? yes no
- How? _____
-



Visual

Can the student see the computer screen? yes no unsure

Is the student able to read information on the screen without modification? _____

If no:

What screen magnification was used? _____

What size font did the student prefer? _____

Navigated around a magnified screen? _____

Navigated the screen using shortcut keys after instruction? _____

Student preferences if the student is able to see the computer:

If the student is able to see the computer: yes no

Can the student see the screen better with the lights off? yes no

Can the student see the screen better if dimmed? yes no

Can the student see the screen better if brightened? yes no

Is the student bothered by glare on the screen? yes no

Can student see screen better if in black and white? yes no

Can the student see screen better if other colors are used? yes no

Able to locate and activate menu items/icons with a mouse? yes no

Can the student read keys from a normal typing distance? yes no

Does the student prefer a certain screen size? yes no

Window size if known: _____

Notes: _____

Auditory

Does the student access the computer using a screen reading program? _____

If yes:

Understood synthesized speech? yes no

Navigates the screen using shortcut keys after instruction? yes no

Changed basic screen reading settings using shortcut keys with instruction. yes no

Notes: _____

Tactile

Does the student access the computer using a refreshable braille display? _____

If yes, is the student able to:

Read braille text on the refreshable display yes no

Navigate the text using the keys on the braille display with instruction. yes no

Notes: _____



Keyboard

When using a standard computer keyboard, the student was able to:

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|----|
| Locate and identify alphanumeric keys using vision/touch? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | |
| Locate and identify function keys using vision/touch? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | |
| Locate and identify navigation keys using vision/touch | ? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Activate two keys simultaneously? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | |
| Activate keys without excessive miss-hits/key repeats | ? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Uses good posture/wrist position when typing? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | |
| Touch type at a rate of _____ WPM using _____ fingers on ____ hands. | | | | | |

Notes: _____

Pointing Device

When using a standard computer mouse, the student was able to:

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| Quickly navigate the desktop? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Maintain mouse position when clicking/double-clicking? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Maintain eye contact with the screen while navigating the desktop? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Access pull-down menus? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |

Notes: _____

OTHER:

Calculator

The student uses a **regular** calculator to

- Accurately manipulate keys
- Perform basic functions without assistance

The student uses a **large print** calculator to

- Accurately manipulate keys
- Perform basic functions without assistance

The student uses a **talking** regular/scientific/graphing calculator to

- Accurately manipulate keys
- Perform basic functions without assistance

ADDITIONAL NOTES:



RECOMMENDATIONS:

Areas of Instruction:

Assistive Technology Tools:

Software:

Those involved in evaluation:

Name	Title	Date

Adapted from Ch. 4 Specialized Assessments for Students with Visual Impairments pp 136-169 of Koenig and Holbrook, Foundation of Education 2nd Edition, Vol II Instructional Strategies for Teaching Children and Youths with Visual Impairments.

