

District Screening Checklist For SET-BC Services

Student Name: _____

This district screening checklist is designed to provide information about a student's need for assistive technology. School teams complete this form and submit it to their district's screening committee for SET-BC services. Please refer to the guidelines on pages 5 to 6 prior to completing this form.

Send completed form to:		By this date:	
School district name:		District #:	
Address:	City:	Postal code:	
Email:	Phone:	Fax:	

Student Information

Surname:	Given names:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Student PEN # (9 digits):	Birthdate: (DD/MM/YY)	Grade:
School:	City:	
Student is currently using assistive technology: On loan from SET-BC <input type="checkbox"/> Yes <input type="checkbox"/> No Provided by district <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ministry funding category in which student is claimed:		
<input type="checkbox"/> A - Dependent handicap <input type="checkbox"/> D - Physical handicap / chronic health <input type="checkbox"/> B - Deaf blind <input type="checkbox"/> E - Visual impairment <input type="checkbox"/> C - Moderate to profound intellectual disability <input type="checkbox"/> G - Autism spectrum disorder		
Disability diagnosis: _____		
Type of Impairment (check all that apply):		
<input type="checkbox"/> Cognitive/academic <input type="checkbox"/> Motor <input type="checkbox"/> Vision <input type="checkbox"/> Communication <input type="checkbox"/> Social/behavioural		
Special education services provided (check all that apply):		
<input type="checkbox"/> Speech-language services <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Occupational therapy <input type="checkbox"/> Services for the visually impaired <input type="checkbox"/> Services for the hearing impaired <input type="checkbox"/> Autism/behavior consultant		
Has this student been referred to and/or received services from other programs?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Specify program and year: _____		Attach reports if possible.

School Team Information

Form submitted by (key contact):	Date: (DD/MM/YY)	
District role:		
Email:	Phone:	Fax:
Address:	City:	Postal code:

I understand the school's and district's responsibilities (as outlined on pages 5 and 6 of this form) and agree to provide the resources and time necessary to successfully implement assistive technology for this student.

School administrator signature

Key contact signature

← Print Name →

District Screening Committee Decision (School team does not complete this section.)

Request SET-BC services for student: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Defer Cycle: _____ Year: _____
Rationale for decision: _____

Student Profile (Complete only the sections that are relevant to the student.)

Cognitive / Academic: Concerns in this area Yes No (If no, do not complete this section.)

Cognitive level Average/above average Mild/moderate delay Severe/profound delay

Pre-academic skills (describe if applicable):

Recognizes: Objects Photos Line drawings

Has choice making ability: Yes No

Has visual matching skills: Yes No

Academics (expectations for grade/age):

Reading	<input type="checkbox"/> Exceeds	<input type="checkbox"/> Meets	<input type="checkbox"/> minimally meets	<input type="checkbox"/> not yet meeting
Reading comprehension	<input type="checkbox"/> Exceeds	<input type="checkbox"/> Meets	<input type="checkbox"/> minimally meets	<input type="checkbox"/> not yet meeting
Written language	<input type="checkbox"/> Exceeds	<input type="checkbox"/> Meets	<input type="checkbox"/> minimally meets	<input type="checkbox"/> not yet meeting
Math / numeracy	<input type="checkbox"/> Exceeds	<input type="checkbox"/> Meets	<input type="checkbox"/> minimally meets	<input type="checkbox"/> not yet meeting

Motor: Concerns in this area Yes No (If no, do not complete this section.)

Mobility: Walks independently Walker/crutches/cane Power wheelchair
 Manual wheelchair Other

Hand function: Effective Impaired Not functional

Dominant hand: Right Left Both Comment: _____

Writing/printing speed: _____ WPM Typing speed: _____ WPM

Support required for writing: Scribe Extra time Reduced workload

Uses: Regular keyboard Regular mouse Joystick Trackball
 Regular pencil Adapted pencil grip Alternate keyboard Head pointer
 Hand switch Head switch Other switch sites

Vision: Concerns in this area Yes No (If no, do not complete this section.)

Visual Impairment: Low vision Visual field restrictions Colour vision deficit
 Blind Cortical visual impairment Progressive condition

Preferred magnification: _____ Optical aids used: _____

Acuity: Right eye: _____ Left eye: _____ Both eyes: _____

Reading Medium: Large print Large print with speech Font size: _____
 Braille/uncontracted Braille/contracted Auditory only

Student Ability: Low vision clinic (include report) Typing Speed _____ wpm

Communication: Concerns in this area Yes No (If no, do not complete this section.)

Speech/Language: Speaking Language difficulties Articulation difficulties

Non-Speaking: Communicates by (explain briefly below)

Gesturing/pointing Sign language Picture Exchange Communication System

Communication boards/books Simple speech output device

Speech generating device Other (specify) _____

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

Social / Behavioural: Concerns in this area Yes No (If no, do not complete this section.)

Issues with: Peer interactions Time on task / attention Work productivity
 Impulsivity Safety

Comment: _____

Access to Curriculum

What barriers prevent this student from meeting his/her IEP goals?

What technical and or non-technical strategies have been investigated or put in place to overcome the barriers?

Comment on the student's willingness to use technology and on his/her technology preference.

Educational Program

Student has current IEP	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> To be updated (date): _____			
IEP identifies need for technology to access educational program:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Assistive Technology will be used in:	<input type="checkbox"/> Regular class	<input type="checkbox"/> Resource room	<input type="checkbox"/> Multiple locations.
Estimate frequency of technology use in the student's program	<input type="checkbox"/> 1 - 2 times per week	<input type="checkbox"/> 3 - 5 times per week	
	<input type="checkbox"/> up to 1 hour per day	<input type="checkbox"/> 3 - 5 hours per day	

Educational Objectives

Articulate a measurable educational objective to be supported with the use of assistive technology and included in the current IEP or based on a current IEP goal. Include current level of performance (baseline statement) and how assistive technology will be used as a strategy to meet the objective.

IEP Goal:

Make the objective specific, measurable, achievable, relevant and time limited.*

*Objectives for Cycles 1 and 2, should be achievable in the current school year, and for Cycle 3 should be achievable in the following school year

Objective 1:

Current level of performance:

How AT will be used as a strategy:

Objective 2 (Optional):

Current level of performance:

How AT will be used as a strategy:

Objective 3 (Optional):

Current level of performance:

How AT will be used as a strategy:

Technology Considerations

School computer platform: Macintosh Windows Other

What new/additional technology would help the student achieve his/her educational goals?

Hardware	Software	
<input type="checkbox"/> Portable word processor	<input type="checkbox"/> Talking word processing	
<input type="checkbox"/> Laptop computer	<input type="checkbox"/> Word prediction	
<input type="checkbox"/> Desktop computer	<input type="checkbox"/> Picture processor	
<input type="checkbox"/> Alternate access device	<input type="checkbox"/> Integrated scan/read/write	
<input type="checkbox"/> CCTV – room viewer	<input type="checkbox"/> Screen magnification	<input type="checkbox"/> Screen magnification with speech
<input type="checkbox"/> Refreshable Braille device	<input type="checkbox"/> Braille translation	
<input type="checkbox"/> Braille printer	<input type="checkbox"/> Screen reader	
<input type="checkbox"/> Speech generating device	<input type="checkbox"/> AAC software	
<input type="checkbox"/> Other:		

School / District Team

Please indicate your school and district team's ability to implement and support technology:

School team's technical skills:	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Team's experience with AT implementation:	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Technical support within the school:	<input type="checkbox"/> Limited	<input type="checkbox"/> Adequate	<input type="checkbox"/> Easily met
Availability for meetings:	<input type="checkbox"/> Limited	<input type="checkbox"/> Adequate	<input type="checkbox"/> Easily met
Release time for meetings:	<input type="checkbox"/> Limited	<input type="checkbox"/> Adequate	<input type="checkbox"/> Easily met
Purchase - peripherals (printer, scanner)	<input type="checkbox"/> Limited	<input type="checkbox"/> Adequate	<input type="checkbox"/> Easily met
Purchase - consumables (printer ink, etc.)	<input type="checkbox"/> Limited	<input type="checkbox"/> Adequate	<input type="checkbox"/> Easily met
Purchase - educational/productivity software	<input type="checkbox"/> Limited	<input type="checkbox"/> Adequate	<input type="checkbox"/> Easily met

Please list school personnel involved with this student

Job Role	Name	Aware of this referral	
Classroom Teacher	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
Resource Teacher	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
Speech/Language Pathologist	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
Augmentative Communication Consultant	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
Vision Teacher	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
Occupational Therapist	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
Physiotherapist	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
Teaching Assistant	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
Counselor	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
Parent	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
Other	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no

Attached Documents List attached documents that support or describe the student's need for assistive technology, for example a current IEP, timed writing sample, or report.

Notes:

SET-BC (Special Education Technology – British Columbia) works in partnership with BC schools to provide assistive technology (AT) services for students with physical disabilities, autism spectrum disorders, moderate to profound intellectual disabilities, dependent handicaps, visual impairments, and deaf-blindness. Our services for districts include planning for students’ use of technology, equipment loan and technical support, training, resource provision, and ongoing support for AT implementation. For more information on SET-BC services, please visit our website at www.setbc.org.

Process for Accessing SET-BC Services

1	Teacher identifies student who requires assistive technology to support IEP goals.
2	Teacher refers the student to the school / district team. Team identifies a key contact to oversee the referral process.
3	Key contact person consults with district support staff (e.g. occupational therapist, teacher of the visually impaired, speech language pathologist) to determine specific student needs. Key contact also consults with SET-BC District Partner to confirm student eligibility for SET-BC services. <ul style="list-style-type: none"> • Student must be funded by the Ministry of Education in categories A, B, C, D, E, or G. • Student’s access to the curriculum is restricted by their disability.
4	School / district team completes the Screening Checklist . <ul style="list-style-type: none"> • Teacher reviews Guidelines for Establishing IEP Goals and Objectives with Assistive Technology as a Strategy and signs screening checklist. • School administrator reviews SET-BC and School / District Commitment to AT Implementation and signs screening checklist. • Key contact ensures all members of school team are aware of referral, signs screening checklist, and submits it to the SET-BC District Partner prior to the district screening meeting.
5	If district screening committee selects student to receive SET-BC services, key contact person is notified and committee forwards screening checklist to SET-BC regional consultant.
6	Key contact person obtains necessary release of information permission from parents and submits signed Request for SET-BC Service (Parental Consent) form to SET-BC regional office to initiate service.

SET-BC and School / District Commitment to AT Implementation

SET-BC works in partnership with school districts to provide effective assistive technology services. Successful implementation of assistive technology with students requires a coordinated effort on the part of all team members.

SET-BC provides:	School / District team provides:
<ul style="list-style-type: none"> • Consultation services to match technology to student need and plan for implementation • Loan of assistive technology (hardware and software) to school districts for use with eligible students • School / district team training • Ongoing implementation support and resources • Technical support to maintain and repair SET-BC equipment 	<ul style="list-style-type: none"> • Release time for consultation, planning meetings, and training • Peripheral devices (e.g. printer, scanner) and consumable items as required • Access to school / district educational software required (e.g. MS Office) • Security for the SET-BC loaned technology • Team access to online AT resources including information, training, and student materials

Successful Implementation of Assistive Technology

Successful selection and implementation of assistive technology with students includes:

- effective school / district team consultation to ensure a good match of technology features to student need
- clear educational goals and a clear relationship between the assistive technology and how it supports the student's IEP
- adequate time for school / district planning, training, and ongoing implementation support
- effective school / district sharing of implementation responsibilities (e.g. troubleshooting, resource creation)
- integration of the technology throughout the daily schedule
- adequate time for student training and practice
- adequate funding for necessary peripherals (e.g. printers, scanners) and consumable items (e.g. ink, batteries)
- effective collaboration with school and district IT support for coordinated maintenance and repair

Guidelines for Establishing IEP Goals and Objectives with AT as a Strategy

For information on establishing and implementing IEP goals and objectives, see the British Columbia Ministry of Education site at www.bced.gov.bc.ca/specialed/iepsn/.

Goals	Objectives	Assistive Technology as a Strategy
<ul style="list-style-type: none"> • Challenge the student but are achievable • Are relevant to the individual student's needs • Focus on what will be learned • Are stated positively 	<ul style="list-style-type: none"> • Identify various steps involved in achieving intended goals • Organize tasks into sequential and measurable components • Screen out unnecessary steps focusing on essential components 	<ul style="list-style-type: none"> • Recognize that AT is a tool to support achievement of IEP goals and objectives and AT, itself, is not a goal • Ensure the relationship between the use of AT and the IEP goals and objectives is clear

Examples

Goal	Objective	Assistive Technology as a Strategy
<ul style="list-style-type: none"> • Student will participate orally 	<ul style="list-style-type: none"> • Student will greet the teacher without prompting upon entering the classroom by June 	<ul style="list-style-type: none"> • The MT4 communication device will be programmed with a "Hi Teach" button
<ul style="list-style-type: none"> • Student will increase written output at the grade 4 level 	<ul style="list-style-type: none"> • Student will complete 10 paragraphs of writing over 10 consecutive language arts classes 	<ul style="list-style-type: none"> • Student will use computer and pre-programmed word banks in a picture based word processor
<ul style="list-style-type: none"> • Student will increase independence in grade 10 class work 	<ul style="list-style-type: none"> • Student will take notes independently in each subject area by June 	<ul style="list-style-type: none"> • Student will use a room viewer to see teacher and blackboard and a laptop with screen enlargement to take notes