

Student Profile for SET-BC Services

Student Name:

This student profile is designed to provide information about a student’s need for assistive technology. School teams complete this form and submit it SET-BC at ServiceDelivery@setbc.org.

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		
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		

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

Cognitive / Academic: Concerns in this area <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, do not complete this section.)				
Cognitive level	<input type="checkbox"/> Average/above average	<input type="checkbox"/> Mild/moderate delay	<input type="checkbox"/> Severe/profound delay	
Pre-academic skills (describe if applicable):				
Recognizes:	<input type="checkbox"/> Objects	<input type="checkbox"/> Photos	<input type="checkbox"/> Line drawings	
Has choice making ability:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Has visual matching skills:	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, do not complete this section.)				
Mobility:	<input type="checkbox"/> Walks independently	<input type="checkbox"/> Walker/crutches/cane	<input type="checkbox"/> Power wheelchair	
	<input type="checkbox"/> Manual wheelchair	<input type="checkbox"/> Other _____		
Hand function:	<input type="checkbox"/> Effective	<input type="checkbox"/> Impaired	<input type="checkbox"/> Not functional	
Dominant hand:	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	Comment: _____
Writing/printing speed:	_____ WPM	Typing speed:	_____ WPM	
Support required for writing:	<input type="checkbox"/> Scribe	<input type="checkbox"/> Extra time	<input type="checkbox"/> Reduced workload	
Uses:	<input type="checkbox"/> Regular keyboard	<input type="checkbox"/> Regular mouse	<input type="checkbox"/> Joystick	<input type="checkbox"/> Trackball
	<input type="checkbox"/> Regular pencil	<input type="checkbox"/> Adapted pencil grip	<input type="checkbox"/> Alternate keyboard	<input type="checkbox"/> Head pointer
	<input type="checkbox"/> Hand switch	<input type="checkbox"/> Head switch	<input type="checkbox"/> 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.

Notes: