**Virginia AT Assessment Student Profile**

**Gathering Background Information**

**Section 1: The AT Assessment Team Lead should complete this section following a file review and interviews with teachers and service providers.**

Student’s Name Date of Birth Age

School Grade

School Contact Person Phone

AT Assessment Team Members:

Student’s Primary Language Family’s Primary Language

**Disability** (Check all that apply.)

|  |  |  |
| --- | --- | --- |
| ❒ ADD/ADHD | ❒ Emotional Disability | ❒ Other Health Impairment |
| ❒ Autism Spectrum Disorder | ❒ Hearing Impairment | ❒ Severe Disability |
| ❒ Blind | ❒ Intellectual Disability | ❒ Speech/Language Impairment |
| ❒ Deaf-Blind ❒ Learning Disability | | ❒ Traumatic Brain Injury |
| ❒ Deaf ❒ Multiple Disability ❒ Vision Impairment  ❒ Developmental Delay ❒ Orthopedic Impairment | | |

Is this student served in a general education class? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, specify time, location, and if teacher or paraprofessional support is provided.

|  |  |  |
| --- | --- | --- |
| **Approximate Amount of Time/Day** | **Location** | **Support Provided** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Medical Considerations** (Check all that apply.)

|  |  |
| --- | --- |
| ❒ History of seizures | ❒ Fatigues easily |
| ❒ Has degenerative medical condition | ❒ Has frequent pain |
| ❒ Has multiple health problems | ❒ Has frequent upper respiratory infections |
| ❒ Has frequent ear infections | ❒ Has digestive problems |
| ❒ Has allergies to | |
| ❒ Currently taking medication for | |
| ❒ Other – Describe briefly | |

**Current Status**

1. **Hearing**

Based on formal and/or informal measures, student exhibits:

\_\_\_\_\_ No hearing loss

Student has documented hearing loss:

Describe hearing concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Names of vendor for audiology needs

**B. Cognitive and Academic Status**

Date of most recent psychological assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_

Results: Verbal: Performance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FullScale: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Date of most recent achievement test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Results:

Instructional Levels:

Reading:

Spelling:

Math:

Written communication

\_\_\_\_\_ Student copies/Braille letters and numbers, name, words

\_\_\_\_\_ Student writes/Braille letters and numbers, name, words

Student writes legibly

\_\_\_\_\_ Student composes phrases

\_\_\_\_\_ Student composes sentences

\_\_\_\_\_ Student composes paragraphs/stories

**C. Behavior**

Behavior effects academic performance: Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Student has a behavior intervention plan

Describe:

**D. Communication**

Based on the results of the **formal** and/or **informal** testing, the student exhibits:

\_\_\_\_ \_ No communication impairment

Communication impairment

Describe any communication concerns: \_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_

Current communication strategies and/or devices in place and in what environments

Name of vendor for communication system

**E. Computer Access/Use**

\_\_\_\_\_ Student does not currently utilize a computer

\_\_\_\_\_ Student utilizes a computer for the following purposes:

\_\_\_\_ educational \_\_\_\_ leisure \_\_\_\_ communication \_\_\_\_ vocational

Student requires modifications to computer for access

Describe:

Student utilizes mobile devices:

Educational leisure communication vocational

Describe:

**F. Motor**

Based on the results of **formal** and/or **informal** measures, student exhibits:

\_\_\_\_\_ No motor impairment

\_\_\_\_\_ Suspected motor impairment

\_\_\_\_\_ Motor impairment

Briefly describe any motor concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If student exhibits a motor impairment, please identify any seating, positioning or mobility devices currently used:

Name of vendor for mobility devices:

**G. Vision**

Based on the results of formal and/or informal measures, student exhibits:

No visual impairment

Suspected visual impairment

Visual impairment

Describe visual concerns:

Name of vendor

**H. Sensory**

Based on the results of formal and/or informal measures, student exhibits:

No sensory concerns

Suspected concerns

Sensory concerns

Describe sensory concerns:

**Section 2: This section should be completed as the result of a meeting of the AT Assessment Team at which a review of the referral question and background information will be presented.**

**Based on the referral question, the AT assessment team will select the sections of the *Assessing Students’ Needs for Assistive Technology* (ASNAT, 2009) to be completed and indicate the team member responsible and the completion date.** (Check all that apply.)

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **AT Team Member** | **Date to be Completed** |
|  | **Seating, Positioning and Mobility** |  |  |
|  | **Communication** |  |  |
|  | **Computer Access** |  |  |
|  | **Motor Aspects of Writing** |  |  |
|  | **Composition of Written Material** |  |  |
|  | **Reading** |  |  |
|  | **Mathematics** |  |  |
|  | **Organization** |  |  |
|  | **Recreation and Leisure** |  |  |
|  | **Blind/Low Vision** |  |  |
|  | **Deaf/Hard of Hearing** |  |  |
|  | **Environmental Observation** |  |  |
|  |  |  |  |
|  | **Student Questionnaire (Virginia)** |  |  |
|  | **Family Questionnaire (Virginia)** |  |  |