SET-BC

2018-2019 Independent Schools Screening Checklist (Tier 3)

Deadline: Sept. 14, 2018

This Tier 3 Screening Checklist is designed to provide information about a student's need for assistive technology. School teams complete this form and submit it to the Independent Schools Screening Committee for SET-BC services. Please refer to the guidelines on pages 6 to 7 prior to completing this form.

STUDENT INFORMATION

School:		City:
Surname:	Given Names:	Gender: ❑ Male ❑ Female
PEN # (9 digits):	Birthdate: (YY/MM/DD)	Grade:
Student is currently using assistive technology: On loan from SET-BC: ❑ Yes ❑ No Provided by the school: ❑ Yes ❑ No		

Ministry funding category in which student is claimed:

❑ A – Dependent handicap ❑ D - Physical handicap / Chronic health ❑ Other: _____

❑ B – Deafblind ❑ E – Visual Impairment

❑ C – Mod. to Prof. Intellectual Disability ❑ G – Autism spectrum disorder

Disability diagnosis:

Type of impairment (check all that apply):

❑ Cognitive/academic ❑ Motor ❑ Vision ❑ Communication ❑ Social / behavioural

Special education services provided (check all that apply):

❑ Speech language services	❑ Physiotherapy	❑ Occupational therapy
❑ Services for the visually impaired	❑ Services for the hearing impaired	❑ Autism/behaviour consultant

Has this student been referred to and/or received services from other programs? ❑ Yes ❑ No

Specify program and year:	Attach reports

SCHOOL TEAM INFORMATION

Form submitted by (key contact):		Date:(YY/MM/DD)
Title / Role:		
Email:		Phone:
Address:	City:	Postal code:

I understand the school's responsibilities (as outlined on pages 6 and 7 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 and Title

Print Name and Title

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

Request SET-BC services for student ❑ Yes ❑ No ❑ Defer

Rationale for decision:

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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 (SS = 85-115) ❑ Mild / moderate delay (SS = 71-84) ❑ Severe / profound delay (SS ≤ 70)

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 age/grade):

Reading	❑ Exceeds	❑ Meets	❑ Minimally Meets	❑ Not Yet Meeting
Reading comprehension	❑ Exceeds	❑ Meets	❑ Minimally Meets	❑ Not Yet Meeting
Written language	❑ Exceeds	❑ Meets	❑ Minimally Meets	❑ Not Yet Meeting
Math / numeracy	❑ Exceeds	❑ Meets	❑ Minimally Meets	❑ Not Yet Meeting

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

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

Hand function: ❑ Effective ❑ Impaired ❑ Not functional

Dominant hand: ❑ Left ❑ Right ❑ Both Comment:

Writing/printing speed: _____WPM Typing speed: _____WPM

Support required for writing: ❑ Scribe ❑ Extra time ❑ Reduced workload

Uses: ❑ Regular keyboard ❑ Regular mouse ❑ Joy stick ❑ 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 ❑ Sign language ❑ Picture Exchange (PECS) ❑ Gesturing / pointing ❑ Speech generating device ❑ Simple speech output device ❑ Communication boards/books ❑ 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 ❑ Social communication ❑ Work productivity
❑ Impulsivity ❑ Safety ❑ Time on-task / attention

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 a current IEP: ❑ Yes ❑ No IEP to be reviewed/updated (YY/MM/DD):

IEP identifies need for technology to access educational program: ❑ Yes ❑ No

Assistive technology will be used in: ❑ Regular class ❑ Resource room ❑ Multiple locations

Estimate frequency of technology use in the student's program:

❑ 1 – 2 days per week ❑ Up to 1 hour per day
❑ 3 – 4 days per week ❑ 2 – 3 hours per day
❑ 5 days per week ❑ 4 or more 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.

Current IEP Goal:

Objectives should be specific, measurable, achievable, relevant and time limited. (Objectives should be achievable in the current school year.)

Objective 1:

Current level of performance:

How AT will be used as a strategy:

Evaluation (How will you know the objective has been achieved? What evidence will you collect?)

Objective 2 (Optional):

Current level of performance:

How AT will be used as a strategy:

Evaluation (How will you know the objective has been achieved? What evidence will you collect?)

Objective 3 (Optional):

Current level of performance:

How AT will be used as a strategy:

Evaluation (How will you know the objective has been achieved? What evidence will you collect?)

TECHNOLOGY CONSIDERATIONS

School computer platform: ❑ Macintosh ❑ Windows ❑ Other

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

Hardware:	Software / Apps:	
❑ Portable word processor	❑ Talking word processor	❑ Screen magnification with speech
❑ Laptop computer	❑ Word prediction	❑ Speech generating device
❑ Desktop computer	❑ Picture processor	❑ AAC software
❑ Alternate access device	❑ Integrated scan/write/read	❑ Other:
❑ CCTV – room viewer	❑ Screen magnification	
❑ Refreshable Braille device	❑ Braille translation	
❑ Braille printer	❑ Screen reader	

SCHOOL TEAM

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

School team's technical skills:	❑ Beginning	❑ Intermediate	❑ Advanced
Team's experience with AT implementation:	❑ Beginning	❑ Intermediate	❑ Advanced
Technical support within the school:	❑ Limited	❑ Adequate	❑ Easily Met
Availability for meetings:	❑ Limited	❑ Adequate	❑ Easily Met
Release time for meetings:	❑ Limited	❑ Adequate	❑ Easily Met
Purchase - peripherals (printer, scanner)	❑ Limited	❑ Adequate	❑ Easily Met

Purchase - consumables (printer ink, etc.) Purchase – educational/productivity software/apps	❑ Limited ❑ Limited	❑ Adequate ❑ Adequate	❑ Easily Met ❑ Easily Met

School personnel involved with this student:		
Title / Role	Name	Aware of Referral
Classroom Teacher		❑ Yes ❑ No
Resource Teacher		❑ Yes ❑ No
Speech/Language Pathologist		❑ Yes ❑ No
Augmentative Communication Consultant		❑ Yes ❑ No
Vision Teacher		❑ Yes ❑ No
Occupational Therapist		❑ Yes ❑ No
Physiotherapist		❑ Yes ❑ No
Teaching Assistant		❑ Yes ❑ No
Counselor		❑ Yes ❑ No
Parent		❑ Yes ❑ No
Other		❑ Yes ❑ No

ATTACHED DOCUMENTS: List documents that support or describe the student's complex needs requiring assistive technology Student screening checklist will not be reviewed without current IEP and relevant professional reports (e.g., speech language report, OT/PT report, etc.).

1.
2.
3.
4.

NOTES:

Submit project proposals to:
FISA BC at info@fisabc.ca
DEADLINE: Friday, September 14, 2018 at 3:00 pm (PST)

If you have any questions about SET-BC requests, please contact one of your District partners:
Doug Stam at dstam@timothychristian.ca or Jennifer Tong

SET-BC

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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 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 team. Team identifies a key contact to oversee the referral process.
3	Key contact person consults with support staff (e.g., occupational therapist, teacher of the visually impaired, speech language pathologist) to determine specific student needs. Key contact may also consult with SET-BC District Partner to confirm student eligibility for SET-BC services. • Student must have an IEP. • Student's access to the curriculum is restricted by his/her disability.
4	School team completes the **Independent Schools Tier 3 Screening Checklist**. • 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 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 FISA BC prior to the deadline.
5	If the screening committee selects student to receive SET-BC services, key contact person is notified and committee forwards screening checklist to SET-BC.
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 to initiate service.

SET-BC AND SCHOOL COMMITMENT TO AT IMPLEMENTATION

SET-BC works in partnership with schools 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 team provides:
• Consultation services to match technology to student need and plan for implementation • Loan of assistive technology (hardware and software) to schools for use with eligible students • School team training • Ongoing implementation support and resources • Technical support to maintain and repair SET-BC equipment	• Release time for consultation, planning meetings, and training • Peripheral devices (e.g. printer, scanner) and consumable items as required • Access to school 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 include:

- effective school 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 planning, training, and ongoing implementation support
- effective school 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 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/iepssn.htm.

Goals	Objectives	Assistive Technology as a Strategy
• Challenge the student but are achievable • Are relevant to the individual student's needs • Focus on what will be learned • Are stated positively	• Identify various steps involved in achieving intended goals • Organize tasks into sequential and measurable components • Screen out unnecessary steps focusing on essential components	• 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
• Student will participate orally	• Student will greet the teacher without prompting upon entering the classroom by June	• The MT4 communication device will be programmed with a "Hi Teach" button
• Student will increase written output at the grade 4 level	• Student will complete 10 paragraphs of writing over 10 consecutive language arts classes	• Student will use computer and pre-programmed word banks in a picture based word processor
• Student will increase independence in grade 10 class work	• Student will take notes independently in each subject area by June	• Student will use a room viewer to see teacher and blackboard and a laptop with screen enlargement to take notes