

Deadline: May 31, 2019

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: <input type="checkbox"/> Male <input type="checkbox"/> Female
PEN # (9 digits):	Birthdate: (YY/MM/DD)	Grade:
Student is currently using assistive technology:		
On loan from SET-BC: <input type="checkbox"/> Yes <input type="checkbox"/> No		Provided by the school: <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"/> Other: _____
<input type="checkbox"/> B – Deafblind	<input type="checkbox"/> E – Visual Impairment	
<input type="checkbox"/> C – Mod. to Prof. Intellectual	<input type="checkbox"/> G – Autism spectrum disorder	
Disability		

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/behaviour 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

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Defer		
Rationale for decision:		

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 (SS = 85-115)	<input type="checkbox"/> Mild / moderate delay (SS = 71-84)	<input type="checkbox"/> Severe / profound delay (SS \leq 70)	
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 age/grade):				
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"/> Other	
	<input type="checkbox"/> Manual wheelchair	<input type="checkbox"/> Power wheelchair		
Hand function:	<input type="checkbox"/> Effective	<input type="checkbox"/> Impaired	<input type="checkbox"/> Not functional	
Dominant hand:	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<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"/> Joy stick	<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 <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, do not complete this section.)				
Visual Impairment:	<input type="checkbox"/> Low vision	<input type="checkbox"/> Visual field restrictions	<input type="checkbox"/> Colour vision deficit	
	<input type="checkbox"/> Blind	<input type="checkbox"/> Cortical visual impairment	<input type="checkbox"/> Progressive condition	
Preferred magnification:		Optical aids used: _____		
Acuity:	Right eye: _____	Left eye: _____	Both eyes: _____	
Reading medium:	<input type="checkbox"/> Large print	<input type="checkbox"/> Large print with speech	Font size: _____	
	<input type="checkbox"/> Braille/uncontracted	<input type="checkbox"/> Braille / contracted	<input type="checkbox"/> Auditory only	
Student ability:	<input type="checkbox"/> Low vision clinic (include report)	Typing speed: _____ WPM		

Communication Concerns in this area <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, do not complete this section.)			
Speech / Language:	<input type="checkbox"/> Speaking	<input type="checkbox"/> Language difficulties	<input type="checkbox"/> Articulation difficulties
	<input type="checkbox"/> Non-speaking	<input type="checkbox"/> Sign language	<input type="checkbox"/> Picture Exchange (PECS)
	<input type="checkbox"/> Gesturing / pointing	<input type="checkbox"/> Speech generating device	<input type="checkbox"/> Simple speech output device
	<input type="checkbox"/> Communication boards/books	<input type="checkbox"/> Other (specify)	
What is the student's primary mode of communication?			

Social / Behavioural Concerns in this area				<input type="checkbox"/> Yes	<input type="checkbox"/> No (if no, do not complete this section.)
Issues with:	<input type="checkbox"/> Peer interactions	<input type="checkbox"/> Social communication	<input type="checkbox"/> Work productivity		
	<input type="checkbox"/> Impulsivity	<input type="checkbox"/> Safety	<input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	IEP to be reviewed/updated (YY/MM/DD):
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 days per week	<input type="checkbox"/> Up to 1 hour per day
<input type="checkbox"/> 3 – 4 days per week	<input type="checkbox"/> 2 – 3 hours per day
<input type="checkbox"/> 5 days per week	<input type="checkbox"/> 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?)

<p>Objective 2 (Optional):</p> <p>Current level of performance:</p> <p>How AT will be used as a strategy:</p> <p>Evaluation (How will you know the objective has been achieved? What evidence will you collect?)</p>
<p>Objective 3 (Optional):</p> <p>Current level of performance:</p> <p>How AT will be used as a strategy:</p> <p>Evaluation (How will you know the objective has been achieved? What evidence will you collect?)</p>

TECHNOLOGY CONSIDERATIONS

School computer platform: <input type="checkbox"/> Macintosh <input type="checkbox"/> Windows <input type="checkbox"/> Other			
What new/additional technology would help the student achieve his/her educational goals?			
Hardware: <input type="checkbox"/> Portable word processor <input type="checkbox"/> Laptop computer <input type="checkbox"/> Desktop computer <input type="checkbox"/> Alternate access device <input type="checkbox"/> CCTV – room viewer <input type="checkbox"/> Refreshable Braille device <input type="checkbox"/> Braille printer	Software / Apps: <input type="checkbox"/> Talking word processor <input type="checkbox"/> Word prediction <input type="checkbox"/> Picture processor <input type="checkbox"/> Integrated scan/write/read <input type="checkbox"/> Screen magnification <input type="checkbox"/> Braille translation <input type="checkbox"/> Screen reader	<input type="checkbox"/> Screen magnification with speech <input type="checkbox"/> Speech generating device <input type="checkbox"/> AAC software <input type="checkbox"/> Other:	

SCHOOL TEAM

Please indicate your school'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/apps	<input type="checkbox"/> Limited	<input type="checkbox"/> Adequate	<input type="checkbox"/> Easily Met

School personnel involved with this student:		
Title / Role	Name	Aware of 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 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, May 31st, 2019 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 (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. <ul style="list-style-type: none"> • 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 . <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 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:
<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 schools for use with eligible students • School 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 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/iepsn.htm.

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