


# Assessment for Touchscreen Use

Prior to introducing a touchscreen it is a good idea to do an assessment of the student's current skills, consider all access methods and set student goals. This could be done using the framework mentioned in the handout 'An Introduction to the Unlocking Abilities resource: What is an access method? Where do I start? What is best for my student?'.

Below are some assessments that could be useful in assessing the student's specific skills in relation to using a touchscreen;

- 1. Unlocking Abilities: Touchscreen Monitoring Sheet.** This could be used as a screening tool to see where the student's skills are currently at and what skills to target in intervention.
- 2. Wisconsin Assistive Technology Initiative (WATI) Assistive Technology Assessment – Section 1 – Fine Motor Related to Computer (or Device) Access and Section 4 - Communication** <http://www.wati.org/content/supports/free/pdf/WATI%20Assessment.pdf> This provides a guide for assessing the student's fine motor skills and other aspects impacting on use of a touchscreen.

WATI Assessment Package



**WATI Student Information Guide**  
SECTION 1  
**Fine Motor Related to Computer (or Device) Access**

**1. Current Fine Motor Abilities**  
Observe the student using paper and pencil, typewriter, computer, switch, etc. Look at the movements as well as the activities and situations. Does the student have voluntary, isolated, controlled movements using the following? (Check all that apply.)

<input type="checkbox"/> Left hand	<input type="checkbox"/> Right hand	<input type="checkbox"/> Eye(s)
<input type="checkbox"/> Left arm	<input type="checkbox"/> Right arm	<input type="checkbox"/> Head
<input type="checkbox"/> Left leg	<input type="checkbox"/> Right leg	<input type="checkbox"/> Mouth
<input type="checkbox"/> Left foot	<input type="checkbox"/> Right foot	<input type="checkbox"/> Tongue
<input type="checkbox"/> Finger(s)	<input type="checkbox"/> Eyebrows	<input type="checkbox"/> Other _____

Describe briefly the activities/situations observed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Range of Motion**  
Student has specific limitations to range: Yes No  
Describe the specific range in which the student has the most motor control: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Abnormal Reflexes and Muscle Tone**  
Student has abnormal reflexes or abnormal muscle tone: Yes No  
Describe briefly any abnormal reflex patterns or patterns of low or high muscle tone that may interfere with the student's voluntary motor control: \_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

**4. Accuracy**  
Student has difficulty with accuracy: Yes No  
Describe how accurate, reliable and consistent the student is in performing a particular fine motor task: \_\_\_\_\_

\_\_\_\_\_

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**WATI Student Information Guide**  
SECTION 4  
**Communication**

**1. Student's Present Means of Communication**  
(Check all that are used. Circle the primary method the student uses.)

<input type="checkbox"/> Changes in breathing patterns	<input type="checkbox"/> Body position changes	<input type="checkbox"/> Eye-gaze/eye movement
<input type="checkbox"/> Facial expressions	<input type="checkbox"/> Gestures	<input type="checkbox"/> Pointing
<input type="checkbox"/> Sign language approximations	<input type="checkbox"/> Sign language (Type _____ # signs _____ # combinations _____ # signs in a combination _____)	

Vocalizations, list examples: \_\_\_\_\_

Vowels, vowel combinations, list examples: \_\_\_\_\_

Single words, list examples & approx. #: \_\_\_\_\_

Reliable no  Reliable yes

2-word utterances  3-word utterances

Semi intelligible speech, estimate % intelligible: \_\_\_\_\_

Communication board  Tangibles  Pictures  Combination pictures/words  Words

Voice output AC device (name of device): \_\_\_\_\_  Intelligible speech

Writing  Other \_\_\_\_\_

**2. Those Who Understand Student's Communication Attempts** (Check best descriptors.)

	Most of the time	Part of the time	Rarely	Not Applicable
Strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers/therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Current Level of Receptive Language**  
Age approximation: \_\_\_\_\_  
If formal tests used, name and scores: \_\_\_\_\_  
If formal testing is not used, please give an approximate age or developmental level of functioning. Explain your rationale for this estimate: \_\_\_\_\_

\_\_\_\_\_

**4. Current Level of Expressive Language**  
Age approximation: \_\_\_\_\_  
If formal tests used, name and scores: \_\_\_\_\_  
If formal testing is not used, please give an approximate age or developmental level of functioning. Explain your rationale for this estimate: \_\_\_\_\_

\_\_\_\_\_

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