**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

❒ Autism Spectrum Disorder

❒ Blind

❒ Deaf-Blind

❒ Deaf

❒ Developmental Delay

❒ Emotional Disability

❒ Hearing Impairment

❒ Intellectual Disability

❒ Learning Disability

❒ Multiple Disability

❒ Orthopedic Impairment

❒ Other Health Impairment

❒ Severe Disability

❒ Speech/Language Impairment

❒ Traumatic Brain Injury

❒ Vision 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** |
| --- | --- | --- |
|  |  |  |
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|  |  |  |

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

❒ History of seizures

❒ Has degenerative medical condition

❒ Has multiple health problems

❒ Has frequent ear infections

❒ Fatigues easily

❒ Has frequent pain

❒ Has frequent upper respiratory 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Full Scale: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

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:

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

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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)** |  |  |