Assistive Technology Infusion Project

Assistive Technology Outcomes Measurement Systems

Initial Student Performance Profile
Welcome!

Student performance data are being collected as part of the Assistive Technology Infusion Project (ATIP) at the request of the Ohio Department of Education, ORCLISH and Ohio SchoolNet Commission. ATIP will use this information to provide summaries of the impact of assistive technology devices and services on student performance. These data will help guide state policymakers in future policy and resource decisions concerning assistive technology infrastructure, deployment, and professional development in Ohio. In addition, local districts can use these data to support their technology planning and assess the local implementation of assistive technology.

Districts are required to complete two Student Performance Profiles for the Assistive Technology Infusion Project. The first is intended to measure student performance prior to implementation of the assistive technology awarded. The second Student Performance Profile is intended to measure student performance after implementation of the assistive technology awarded through this project.

You are required to:

1. Verify and update general student identifying data and contact person data;
2. Select and prioritize areas of need being addressed through the use of assistive technology;
3. Rate current progress on selected areas of need;
4. Estimate the contribution of the interventions on selected areas of need;
5. Indicate current ability level of student related to specific IEP goals;
6. Target which devices are direct supports for the identified goals;
7. Rate how often devices are used and services provided;
8. Indicate access and progress in General Education; and
9. Provide information on the team perspective.

The data will be made available to school districts and other interested parties at the end of the grant period. It will only be reported in aggregate form to protect the identity of individual students and to encourage districts to be most forthcoming in their responses.

ATIP would like to thank you in advance for your efforts to support the continued delivery of assistive technology devices and services to students with disabilities.

New Information Click here to access either your initial or your follow-up student data for ATIP awarded applications for all rounds of this project. Please update the information for accuracy of correspondence and reporting requirements throughout this project and refer to the timelines for specific dates.
Log In Page to complete Student Performance Profile(s)

- Building Contact
- Last Name: 
- Password: 

Go to Contact Lookup

Sponsored jointly by Ohio Department of Education, ORCLISH and Ohio SchoolNet Commission
Governor: Bob Taft
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Log In Page to complete Student Performance Profile(s)

Contact Person Last Name: doe
Password: ****

Go to Contact Lookup

Building Contact Person Reference Box

If information in this Building Contact Person Reference Box has changed since the original application was submitted or is incomplete, email Kim Finnerty or call: 800.672.5474 ext. 1851.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doe</td>
<td>Kent</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Facility</th>
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<tbody>
<tr>
<td>City</td>
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<tr>
<td>Phone</td>
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<tr>
<td></td>
<td>Email</td>
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<tr>
<td></td>
<td>42726</td>
</tr>
</tbody>
</table>

Go to Section I: General Information
SECTION I: GENERAL INFORMATION

Building Contact Person Last Name: doe

Below is a list of all applications associated with you as the building contact person, awarded for all rounds of this grant. Please select the reference number below to complete an Initial or Follow-up Student Performance Profile for your student(s). Reminder, for confidentiality, this database only contains the student date of birth, age, gender and student reference number. Do not use student names anywhere in the profile. If this list of students are incomplete or inaccurate please contact Kim Finnerty, ATIP, 470 Glenmont Ave. Columbus, OH 43214-3292, 800.672.5474 ext. 1851 or email: kim_finnerty@orclish.org.

Student List

<table>
<thead>
<tr>
<th>Reference #</th>
<th>DOB</th>
<th>School Attending</th>
<th>District</th>
<th>Initial</th>
<th>Follow-up</th>
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<td>Twinsburg City SD</td>
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Student Reference Box

The Student Reference Box will appear on every section of each profile on the left side for your convenience. If information in this Student Reference Box has changed since the original application was submitted or is incomplete, email Kim Finnerty or call: 800.672.5474 ext. 1851.

<table>
<thead>
<tr>
<th>Reference #</th>
<th>Date of Birth</th>
<th>Primary Disability</th>
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<table>
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<tr>
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<tr>
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<table>
<thead>
<tr>
<th>District Name</th>
<th>District IRN #</th>
<th>School Attending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twinsburg City SD</td>
<td>050070</td>
<td>R.B. Chamberlin Intermediate</td>
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<table>
<thead>
<tr>
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<th>1st Student Profile Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9/13/02</td>
</tr>
</tbody>
</table>

Go to Section II
Section II: Areas of Need Addressed Through Assistive Technology

As you initiate this project, what expectations do you have about how assistive technology might help this targeted student? Please answer in the text box below. Do not use student name.

The student will be able to complete his homework on the computer at home. The student will get on the internet to do research for school work.

What areas of need are being addressed through the use of the assistive technology provided through this project? (Check all that apply) You will be asked later in the profile to report more specifically on up to 3 of your choices from this section.

1. Academic Content
   This category targets areas in Ohio's Diagnostic and Achievement tests and includes cognitive needs of students. An example of assistive technology used to address these needs may include specialized software.
   - Reading (gains information from text materials)
   - Writing (expressing oneself in written forms)
   - Mathematics
   - Science

2. Accessing and Manipulating Instructional Materials/Tools
   This category includes many physical, visual and visual-motor needs. Examples of assistive technology used to address these needs may include alternate formats, alternate keyboards, digital microscopes, page turners, positioning chairs, etc.
   - Computers (inputting and outputting information)
   - Small objects (pencils, crayons, scissors, calculators, balls, etc.)
   - Large objects (lockers, desks, cubbies)
   - Printed documents (page turning, formatting)
   - Postural control

3. Work Habits/Study Skills
   This category includes behavioral and organizational needs. Examples of assistive technology used to address these needs may include PDA's and portable word processors, etc.
   - Organization
   - Efficiency (work rates, completeness)
   - Note taking
   - Following directions
   - Management of unproductive behaviors

4. Communication
   This category targets the student's ability to communicate with others. Examples of assistive technology used to address these needs may include sound amplification systems, personal FM systems, single message switches, augmentative communication systems, etc.
   - Speaking
   - Listening

5. Mobility
   This category targets the student's ability to access and maneuver different environments. Examples of assistive technology used to address these needs may include power wheelchairs, portable ramps, etc.
   - Mobility in the classroom
   - Mobility around the school
   - Mobility in the community

6. Personal Care
   This category targets the student's ability to perform daily living skills. Examples of assistive technology used to address these needs may include electronic feeders, toilet seating systems, etc.
   - Eating
   - Toileting
   - Aids to daily living

Clear Form  Continue Section II: Areas of Need Addressed Through AT
Section II: Areas of Need Addressed Through Assistive Technology

Directions: The following is a list of the areas of need you selected for this student. You must now prioritize and select up to 3 of the most critical areas of need being addressed through assistive technology by clicking on the box to the left of the list.

Choose a total of up to 3 items. Once you have selected your most critical areas of need click the button at the bottom of the page.

1. Reading (gains information from text materials)
2. Writing (expressing oneself in written forms)
3. Mathematics
4. Computers (inputting and outputting information)
5. Small objects (pencils, crayons, scissors, calculators, balls, etc.)
6. Organization
7. Efficiency (work rates, completeness)
8. Note taking
9. Listening

Select
Section II: Areas of Need Addressed Through Assistive Technology Summary

Directions: The following are the most critical areas of need addressed through assistive technology selected for this student. Click on the button below to proceed to the current Rate of Progress section.

1. Reading (gains information from text materials)
2. Writing (expressing oneself in written forms)
3. Computers (inputting and outputting information)

Go to Section III: Current Rate of Progress
Section III: Current Rate of Progress

Given the past and current interventions, what is the current rate of progress in these critical areas of need addressed through assistive technology you have identified?

Areas of Need Addressed through Assistive Technology

1. Reading (gains information from text materials)
   On your last visit, you answered: Slow
   To change your answer reselect a value at right, then click the button at bottom of page

2. Writing (expressing oneself in written forms)
   On your last visit, you answered: Moderate
   To change your answer reselect a value at right, then click the button at bottom of page

3. Computers (inputting and outputting information)
   On your last visit, you answered: Fast
   To change your answer reselect a value at right, then click the button at bottom of page

Click here when this section is complete

Go to Section IV: Contribution of Interventions
Section IV: Contribution of Interventions

Estimate to the best of your ability, the contribution of listed interventions to this student’s progress for the identified area of need addressed through assistive technology. You will complete this for each of the selected areas of need.

Please complete the numbered items below as they relate to: **Reading (gains information from text materials)**

Student Strategies

1. **Natural Development**
   
   On your last visit, you answered: **3** To change your answer reselect a value below, then click the button at bottom of page
   
<table>
<thead>
<tr>
<th>No Contribution</th>
<th>Some Contribution</th>
<th>Substantial Contribution</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

2. **Compensation** for impairment by the student (e.g. use other hand if one hand is impaired)
   
   On your last visit, you answered: **4** To change your answer reselect a value below, then click the button at bottom of page
   
<table>
<thead>
<tr>
<th>No Contribution</th>
<th>Some Contribution</th>
<th>Substantial Contribution</th>
</tr>
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<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
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</tbody>
</table>

Teacher Strategies

3. **Adaptations** of specific curricular tasks (e.g. worksheet modifications, alternate test-taking)
   
   On your last visit, you answered: **3** To change your answer reselect a value below, then click the button at bottom of page
   
<table>
<thead>
<tr>
<th>No Contribution</th>
<th>Some Contribution</th>
<th>Substantial Contribution</th>
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<tr>
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<td>1</td>
<td>2</td>
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</table>

4. **Redesign** of instructional environment (e.g. new overall class approach, new way to present in front of class)
   
   On your last visit, you answered: **6** To change your answer reselect a value below, then click the button at bottom of page
   
<table>
<thead>
<tr>
<th>No Contribution</th>
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<th>Substantial Contribution</th>
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<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
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5. **Performance expectations changed** (e.g. lower expectations to obtain success)
   
   On your last visit, you answered: **4** To change your answer reselect a value below, then click the button at bottom of page
   
<table>
<thead>
<tr>
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<tr>
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</table>

6. **Participation** in General Education Instruction
   
   On your last visit, you answered: **5** To change your answer reselect a value below, then click the button at bottom of page
   
<table>
<thead>
<tr>
<th>No Contribution</th>
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Special Services

7. **Related and Support Services** (e.g. OT, PT, SLP, Title 1, Tutoring)
   
   On your last visit, you answered: **3** To change your answer reselect a value below, then click the button at bottom of page
   
<table>
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<tr>
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<td>1</td>
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8. **Personal Assistance** (e.g. aide, teacher, helper, interpreter, other students)
   
   On your last visit, you answered: **5** To change your answer reselect a value below, then click the button at bottom of page
   
<table>
<thead>
<tr>
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Assistive Technology

9. **Assistive Technology Devices** used by student prior to implementation of devices received through ATIP funding
   
   On your last visit, you answered: **7** To change your answer reselect a value below, then click the button at bottom of page
   
<table>
<thead>
<tr>
<th>No Contribution</th>
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<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

10. **Assistive Technology Services** obtained prior to implementation of devices received through ATIP funding (e.g. training for use of devices, programming communication devices)
   
   On your last visit, you answered: **3** To change your answer reselect a value below, then click the button at bottom of page
   
<table>
<thead>
<tr>
<th>No Contribution</th>
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<tr>
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<tr>
<td>Some Contribution</td>
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<tr>
<td>Substantial Contribution</td>
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</tbody>
</table>

Click here when this section is complete

Continue to 2nd Contribution of Interventions
### Section IV: Contribution of Interventions

Estimate to the best of your ability, the contribution of listed interventions to this student’s progress for the identified area of need addressed through assistive technology. You will complete this for each of the selected areas of need.

Please complete the numbered items below as they relate to: **Writing (expressing oneself in written forms)**

#### Student Strategies

1. **Natural Development**
   - **On your last visit, you answered:** 1 To change your answer reselect a value below, then click the button at bottom of page
   - **No Contribution**
   - **Some Contribution**
   - **Substantial Contribution**

   ![Ratings](ratings.png)

2. **Compensation** for impairment by the student (e.g. use other hand if one hand is impaired)
   - **On your last visit, you answered:** 4 To change your answer reselect a value below, then click the button at bottom of page
   - **No Contribution**
   - **Some Contribution**
   - **Substantial Contribution**

   ![Ratings](ratings.png)

#### Teacher Strategies

3. **Adaptations** of specific curricular tasks (e.g. worksheet modifications, alternate test-taking)
   - **On your last visit, you answered:** 6 To change your answer reselect a value below, then click the button at bottom of page
   - **No Contribution**
   - **Some Contribution**
   - **Substantial Contribution**

   ![Ratings](ratings.png)

4. **Redesign** of instructional environment (e.g. new overall class approach, new way to present in front of class)
   - **On your last visit, you answered:** 3 To change your answer reselect a value below, then click the button at bottom of page
   - **No Contribution**
   - **Some Contribution**
   - **Substantial Contribution**

   ![Ratings](ratings.png)

5. **Performance expectations changed** (e.g. lower expectations to obtain success)
   - **On your last visit, you answered:** 7 To change your answer reselect a value below, then click the button at bottom of page
   - **No Contribution**
   - **Some Contribution**
   - **Substantial Contribution**

   ![Ratings](ratings.png)

6. **Participation** in General Education Instruction
   - **On your last visit, you answered:** 5 To change your answer reselect a value below, then click the button at bottom of page
   - **No Contribution**
   - **Some Contribution**
   - **Substantial Contribution**

   ![Ratings](ratings.png)

#### Special Services

7. **Related and Support Services** (e.g. OT, PT, SLP, Title 1, Tutoring)
   - **On your last visit, you answered:** 5 To change your answer reselect a value below, then click the button at bottom of page
   - **No Contribution**
   - **Some Contribution**
   - **Substantial Contribution**

   ![Ratings](ratings.png)

8. **Personal Assistance** (e.g. aide, teacher, helper, interpreter, other students)
   - **On your last visit, you answered:** 4 To change your answer reselect a value below, then click the button at bottom of page
   - **No Contribution**
   - **Some Contribution**
   - **Substantial Contribution**

   ![Ratings](ratings.png)

#### Assistive Technology

9. **Assistive Technology Devices** used by student prior to implementation of devices received through ATIP funding
   - **On your last visit, you answered:** 7 To change your answer reselect a value below, then click the button at bottom of page
   - **No Contribution**
   - **Some Contribution**
   - **Substantial Contribution**

   ![Ratings](ratings.png)

10. **Assistive Technology Services** obtained prior to implementation of devices received through ATIP funding (e.g. training for use of devices, programming communication devices)
    - **On your last visit, you answered:** 5 To change your answer reselect a value below, then click the button at bottom of page
    - **No Contribution**
    - **Some Contribution**
    - **Substantial Contribution**

    ![Ratings](ratings.png)
No Contribution  |  Some Contribution  |  Substantial Contribution
0  |  1  |  2  |  3  |  4  |  5  |  6  |  7  |  8  |  9  |  10

Click here when this section is complete

Continue to 3rd Contribution of Interventions

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**Section IV: Contribution of Interventions**

Estimate to the best of your ability, the contribution of listed interventions to this student’s progress for the identified area of need addressed through assistive technology. You will complete this for each of the selected areas of need.

Please complete the numbered items below as they relate to: **Computers (inputting and outputting information)**

### Student Strategies

1. **Natural Development**  
   *On your last visit, you answered: 3* To change your answer reselect a value below, then click the button at bottom of page  
   - No Contribution  
   - Some Contribution  
   - Substantial Contribution

2. **Compensation** for impairment by the student (e.g. use other hand if one hand is impaired)  
   *On your last visit, you answered: 6* To change your answer reselect a value below, then click the button at bottom of page  
   - No Contribution  
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### Teacher Strategies

3. **Adaptations** of specific curricular tasks (e.g. worksheet modifications, alternate test-taking)  
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4. **Redesign** of instructional environment (e.g. new overall class approach, new way to present in front of class)  
   *On your last visit, you answered: 5* To change your answer reselect a value below, then click the button at bottom of page  
   - No Contribution  
   - Some Contribution  
   - Substantial Contribution

5. **Performance expectations changed** (e.g. lower expectations to obtain success)  
   *On your last visit, you answered: 3* To change your answer reselect a value below, then click the button at bottom of page  
   - No Contribution  
   - Some Contribution  
   - Substantial Contribution

6. **Participation** in General Education Instruction  
   *On your last visit, you answered: 8* To change your answer reselect a value below, then click the button at bottom of page  
   - No Contribution  
   - Some Contribution  
   - Substantial Contribution

### Special Services

7. **Related and Support Services** (e.g. OT, PT, SLP, Title 1, Tutoring)  
   *On your last visit, you answered: 7* To change your answer reselect a value below, then click the button at bottom of page  
   - No Contribution  
   - Some Contribution  
   - Substantial Contribution

8. **Personal Assistance** (e.g. aide, teacher, helper, interpreter, other students)  
   *On your last visit, you answered: 5* To change your answer reselect a value below, then click the button at bottom of page  
   - No Contribution  
   - Some Contribution  
   - Substantial Contribution

### Assistive Technology

9. **Assistive Technology Devices** used by student prior to implementation of devices received through ATIP funding  
   *On your last visit, you answered: 6* To change your answer reselect a value below, then click the button at bottom of page  
   - No Contribution  
   - Some Contribution  
   - Substantial Contribution

10. **Assistive Technology Services** obtained prior to implementation of devices received through ATIP funding (e.g. training for use of devices, programming communication devices)  
    *On your last visit, you answered: 5* To change your answer reselect a value below, then click the button at bottom of page  
    - No Contribution  
    - Some Contribution  
    - Substantial Contribution
<table>
<thead>
<tr>
<th>No Contribution</th>
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<tbody>
<tr>
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<td>2</td>
</tr>
</tbody>
</table>

Click here when this section is complete

[Go to Section V: IEP Goals]
Section V: IEP Goals

Using the current IEP, insert student goals in the text boxes below as they relate to the identified area of need. Each goal should be directly supported by the use of new assistive technology. Please insert only 1 goal per text box.

Then indicate the ability level on these individual goals prior to the use of assistive technology provided through the project. Do not use student’s names.

**Reading (gains information from text materials)**

<table>
<thead>
<tr>
<th>Goal</th>
<th>Current Ability Level (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Able</td>
</tr>
<tr>
<td>Goal 1</td>
<td>30%</td>
</tr>
<tr>
<td>Goal 2</td>
<td>70%</td>
</tr>
<tr>
<td>Goal 3</td>
<td></td>
</tr>
</tbody>
</table>

Click here when this section is complete

Continue to 2nd IEP Goals
**Section V: IEP Goals**

Using the current IEP, insert student goals in the text boxes below as they relate to the identified area of need. Each goal should be directly supported by the use of new assistive technology. Please insert only 1 goal per text box.

Then indicate the ability level on these individual goals prior to the use of assistive technology provided through the project. Do not use student’s names.

**Writing (expressing oneself in written forms)**

**Goal 1**

The student will complete 100% of her homework using the computer.

On your last visit, you answered: **40%** To change your answer reselect a value below, then click the button at bottom of page

Current Ability Level (%)

<table>
<thead>
<tr>
<th>Not Able</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>Somewhat Able</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
<th>100</th>
</tr>
</thead>
</table>

**Goal 2**

Current Ability Level (%)

<table>
<thead>
<tr>
<th>Not Able</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>Somewhat Able</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
<th>100</th>
</tr>
</thead>
</table>

**Goal 3**

Current Ability Level (%)

<table>
<thead>
<tr>
<th>Not Able</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>Somewhat Able</th>
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<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
<th>100</th>
</tr>
</thead>
</table>

Click here when this section is complete

**Continue to 3rd IEP Goals**

Sponsored jointly by Ohio Department of Education, ORCLISH and Ohio SchoolNet Commission
Governor: Bob Taft
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Section V: IEP Goals

Using the current IEP, insert student goals in the text boxes below as they relate to the identified area of need. Each goal should be directly supported by the use of new assistive technology. Please insert only 1 goal per text box.

Then indicate the ability level on these individual goals prior to the use of assistive technology provided through the project. Do not use student’s names.

Computers (inputting and outputting information)

Goal 1

The student will complete one paragraph of 4 sentences using Co:Writer and Write:OutLoud in 20 minutes.

On your last visit, you answered: 10% To change your answer reselect a value below, then click the button at bottom of page

Current Ability Level (%)

<table>
<thead>
<tr>
<th></th>
<th>Not Able</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
<th>100</th>
</tr>
</thead>
</table>

Goal 2

Current Ability Level (%)

<table>
<thead>
<tr>
<th></th>
<th>Not Able</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
<th>100</th>
</tr>
</thead>
</table>

Goal 3

Current Ability Level (%)

<table>
<thead>
<tr>
<th></th>
<th>Not Able</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
<th>100</th>
</tr>
</thead>
</table>
Section VI: Student Summary

Please review the list below. The check boxes at the right of each identified area of need, indicates the items have been completed for each section. If the check boxes are not "√" please return to the individual section to complete it. Once completed, click the Submit button for a confirmation page.

Area of Need Addressed Through Assistive Technology

1. Reading (gains information from text materials)
   
   Rate of Progress
   Contribution of Interventions
   IEP Goals

2. Writing (expressing oneself in written forms)
   
   Rate of Progress
   Contribution of Interventions
   IEP Goals

3. Computers (inputting and outputting information)
   
   Rate of Progress
   Contribution of Interventions
   IEP Goals

Submit
Thank You

Thank you for your time and effort completing this Student Performance Profile. Please print this page for your submission records.

Section I: General Information

<table>
<thead>
<tr>
<th>Student Reference #</th>
<th>Date of Birth</th>
<th>Primary Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>999998</td>
<td>01/29/1988</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Grade @ Submission</th>
<th>Service Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>District Name</th>
<th>District IRN #</th>
<th>School Attending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twinsburg City SD</td>
<td>050070</td>
<td>R.B. Chamberlin Intermediate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Round Awarded</th>
<th>1st Student Profile Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9/13/02</td>
</tr>
</tbody>
</table>

Please explain why this profile is no longer applicable (i.e. student graduated, deceased)

hi there

Please provide any changed information relating to this student (i.e. student moved to another district/out-of-state)

Submitted on 03/12/2004 at 09:30:18 ID: 36125

Student Information Revised (if any)

<table>
<thead>
<tr>
<th>Date of Birth Revised</th>
<th>Grade</th>
<th>Primary Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Location Revised</th>
<th>School Attending Revised</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As you initiate this project, what expectations do you have about how assistive technology might help this targeted student?

The student will be able to complete his homework on the computer at home. The student will get on the internet to do research for school work.

Section II: Areas of Need Addressed Through Assistive Technology

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reading (gains information from text materials)</td>
<td>Slow</td>
<td></td>
</tr>
<tr>
<td>2. Writing (expressing oneself in written forms)</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>3. Computers (inputting and outputting information)</td>
<td>Fast</td>
<td></td>
</tr>
</tbody>
</table>

Section IV: Contribution of Interventions

0=No Contribution 10=Substantial Contribution

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Strategies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Natural Development</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>2. Compensation for impairment by the student (e.g. use other hand if one hand is impaired)</td>
<td>6</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teacher Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Adaptations of specific curricular tasks (e.g. worksheet modifications, alternate test-taking)</td>
</tr>
<tr>
<td>4. Redesign of instructional environment (e.g. new overall class approach, new way to present in front of class)</td>
</tr>
<tr>
<td>5. Performance expectations changed (e.g. lower expectations to obtain success)</td>
</tr>
<tr>
<td>6. Participation in General Education Instruction</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Special Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Related and Support Services (OT, PT, SLP, Title 1, Tutoring)</td>
</tr>
<tr>
<td>8. Personal Assistance (e.g. aide, teacher, helper, interpreter, other students)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assistive Technology</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Assistive Technology Devices Used by Student (before ATIP funding)</td>
</tr>
<tr>
<td>10. Assistive Technology Devices Received by Student (after ATIP funding)</td>
</tr>
</tbody>
</table>
10. **Assistive Technology Services** (e.g. training for use of devices, programming communication devices)

---

**Section V: IEP Goals**

0 = Not Able 10 = Fully Able

**Reading (gains information from text materials)**

<table>
<thead>
<tr>
<th>Goal</th>
<th>Ability Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 1: The student will increase of his written work to 90%</td>
<td>50%</td>
</tr>
<tr>
<td>Goal 2:</td>
<td>70%</td>
</tr>
<tr>
<td>Goal 3:</td>
<td>%</td>
</tr>
</tbody>
</table>

**Writing (expressing oneself in written forms)**

<table>
<thead>
<tr>
<th>Goal</th>
<th>Ability Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 1: The student will complete 100% of her homework using the computer.</td>
<td>40%</td>
</tr>
<tr>
<td>Goal 2:</td>
<td>%</td>
</tr>
<tr>
<td>Goal 3:</td>
<td>%</td>
</tr>
</tbody>
</table>

**Computers (inputting and outputting information)**

<table>
<thead>
<tr>
<th>Goal</th>
<th>Ability Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 1: The student will complete one paragraph of 4 sentences using Co:Writer and Write:OutLoud in 20 minutes.</td>
<td>10%</td>
</tr>
<tr>
<td>Goal 2:</td>
<td>%</td>
</tr>
<tr>
<td>Goal 3:</td>
<td>%</td>
</tr>
</tbody>
</table>

[Select another student]