

# **Assistive Technology Screening and Planning Tool**

## **For Students Transitioning To Post Secondary Education**

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There are a variety of assistive technology solutions that enable students affected by various functional limitations to succeed in a post secondary education environment. The following is a check list of tasks that can be difficult to perform when a student enters a post secondary education environment.

Please check those tasks that you are unable to perform or have difficulty in performing.

### **Speaking**

- On the phone
- Using a communication Device
- Speaking with a professor or other students
- Using a cell phone to calling for Help
- Communicating over the Computer via email or video skype

### **Hearing**

- In a classroom
- Someone on the telephone
- Conversation
- Videos in class or on a computer
- During student meeting
- At Meetings in the Community

### **Remembering**

- To take medication
- Groceries to buy
- Bills to pay
- To Eat
- Assignments that need to be turned in
- Home work to be do or tests to take
- Classes and when , where, and what time they meet
- Remembering appointments
- Remembering when people coming to visit or pick you up
- Remember regular public transportation ride schedule

## **Seeing**

- Obstacles that you might trip over
- Seeing to read books, handouts, assignments
- Reading prescriptions
- At Night
- Open Stairways
- Sharp objects
- Pathways around campus and how to get from point A to point B
- Computer Monitor
- What Time it is
- Reading calendar
- Operating appliances such as microwave, washer, dryer, cell phone

## **Sensing**

- Hot and Cold washing hands, bathing,
- Sharp Objects – such as knives
- Hot burners in a lab environment

## **Walking - getting from point a to point B or difficulty walking in various environments**

- in and out of a dorm room or other student housing
- up and down stairs
- in, and out of the bathroom
- on and off of the toilet
- in and out of the bathtub
- using the sink
- getting in and out of a car
- getting on or off of a couch
- in and out of a recliner
- in and out of bed
- in and out of a chair
- on the sidewalk
- on grass
- risk of slips or falls any where on campus

## **Bending, lifting, reaching, carrying, pushing and pulling**

- bending over to lift something up
- bending over to get dressed
- bending over to put one's shoes on
- bending over to get items off of lower bookcases
- bending over the sink

- bending to get stuff out of the trunk of a car
- lifting and carrying groceries
- lifting and carrying text books or a computer
- pushing and pulling a cart
- carrying laundry baskets
- carrying groceries
- reaching dials and control knobs
- reaching objects on the floor
- reaching objects in upper shelves
- reaching objects on a table or desk
- reaching clothes in the closet
- reaching items on closet shelves

**Gripping, fingering, or handling - check those areas that you have difficulty in gripping fingering or handling**

- a brush or comb
- a blow dryer
- toothbrush
- eating utensils
- writing utensils
- the TV remote
- pots and pans
- cooking utensils
- control knobs or dials
- your light switches
- faucets
- telephone
- opening or closing the entrance door, bathroom door,
- opening or closing dresser drawers
- opening and closing the car door
- opening or closing windows
- opening or closing the drapes
- typing on a computer
- turning on or off a lamp

**Sitting**

- in a wheelchair
- in a desk chair
- in an armchair
- in chairs in a classroom
- on a couch

- in a car
- on the toilet
- in the dining hall
- on a scooter
- on a bike
- in bed
- on a stool in a lab class

**Sitting in or at:**

- a computer workstation
- a table in the dining hall
- a bathroom sink
- a workbench in a lab
- a desk
- Library workstation

## **Recommended Devices Demonstrations, Trial, Loans, or Purchase**

Based on the assistive technology screening tool, the following is a list of assistive technology solutions that you may want to try out or purchase to enable you to perform an essential tasks in a post secondary education environment. Please check if you would like a demonstration, trial, loan or to purchase the recommended solution.

<b>Device Name</b>	<b>Demo</b>	<b>Trial</b>	<b>Short term Loan</b>	<b>Purchase</b>	<b>Contact Information to receive a demonstration, trial, loan or to purchase</b>

## Plan for AT Device Maintenance and Repair

Item	Make and Model Number	Required Cleaning or Maintenance – Batteries Charger, Charging Routine and Frequency	Who is responsible for this or who do you need to call
Hearing Aid			
Telephone			
Emergency medication reminder Call System			
Memory Aids			
Porch lift or elevator			
Ramp			
Door opener			
Communication device			
Shower chair			
Computer			
Electronic remote control devices			
Talking appliances			
Mobility Aids ie Wheelchair, walker,			
Van Lift			
Scooter			
Prosthetic Device			
Seat cushion			
<b>Computer Hardware</b>			
Computer Software			

# Assistive Technology

## Device Fabrication, Modification or Installation

The following is a list of recommended devices that may need to be fabricated, modified or installed and contact information.

**F** = Fabrication of the Device    **M**=Modification of a Device    **I**=Installation or Set up

What	F	M	I	By Whom	When	Contact Information