

Sensory Access Form: Student Learning & Communication

The information captured in this document is important and will help us to learn useful information about the needs of students who take the Alternate Assessment. Please take care to answer the questions below thoughtfully.

Student Name: _____ Date: ____/____/____

Student SASID Number: _____ Age: _____ Grade: _____

1. Means of Comprehension of Instruction

A. How does this student **receive/understand** information/instruction? (Circle **All** that apply)

Visually? Yes No Don't Know

If yes, does student show understanding of what is seen? Yes No Don't Know

Auditorily? Yes No Don't Know

If yes, does student show understanding of what is heard? Yes No Don't Know

Physically (through touch)? Yes No Don't Know

If yes, does student recognize what is felt? Yes No Don't know

Other? (please list):

Go to next page....

2. Means of Expression of Learning

Directions: How is this student able to *express* learning? For each item below, mark only one column as follows:

Column 1: Mark this column if the student is able to and does express information in this way, even if rarely.

Column 2: Mark this column if the student is able to use this means of expression but is never observed using it.

Column 3: Mark this column if the student is *not able* to use this means of expression at all.

Column 4: Mark this column if you do not have enough information to make this judgment.

Means of Expression	1				2	3	4
	Yes, he/she can and does do this with frequency of:				Yes: He/she can but does not	No: He/she cannot do this	Don't Know
	4 = Usually		1 = seldom				
Moves limb, head, or body part (<i>May include movement to activate a switch</i>)	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision (eye-points, blinks, etc)	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Points with finger or hand	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student gestures or signs single words	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student gestures or signs a few words together/phrases.	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student gestures or signs complete sentences	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocalizes sounds or parts of words	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks single-words	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks a few words together/phrases	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks in complete sentences	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student “writes” in any form,

(i.e. produces, or selects and organizes: words, pictures, or other symbols or objects):

Writes single-words	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes a few words together/phrases	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes in complete sentences	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Means of Expression,

Continued.

	1 Yes, he/she can and does do this with frequency of: 4 = Usually 1 = seldom				2 Yes: He/she can but does not	3 No: He/she cannot do this	4 Don't Know
Forms of Writing Used							
Student writes by hand	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student writes by word processor:	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student writes using word prediction software	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes using picture formatted adaptive device	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes using single-word formatted adaptive device	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes using adaptive device formatted in phrases or sentences	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes using adaptive device formatted in complete sentences	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student draws	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manipulates objects	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manipulates photos	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manipulates concrete symbols or line drawings, simple pictures created for him or her	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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3. Supports

- A. Does the student need supports to *receive* information in one or more sensory modalities?
 (Circle) Yes No Don't Know
- B. Does the student need supports to *express* information in one or more sensory modalities?
 (Circle) Yes No Don't know
- C. Below, Please check *all* the supports currently used with the student to help her or him *receive or express* information: (List specific technologies used as appropriate)

<u>Type of Support</u>	<u>Check if Used</u>	<u>Specific Technology Used</u>
Visual and/or Tactile Supports		
Corrective lenses (e.g., glasses or contact lenses)	<input type="checkbox"/>	_____
Large-print text (note font and size.)	<input type="checkbox"/>	_____
Magnification or other optical aids	<input type="checkbox"/>	_____
Reduction in visual complexity/blocking	<input type="checkbox"/>	_____
Color coding/contrasting	<input type="checkbox"/>	_____
Braille (uncontracted or contracted?)	<input type="checkbox"/>	_____
Use of Braille	<input type="checkbox"/>	_____
Use of tactile graphics	<input type="checkbox"/>	_____
Abacus	<input type="checkbox"/>	_____
Manipulatives (describe types)	<input type="checkbox"/>	_____
Reduction in tactile complexity/limited touch, contact	<input type="checkbox"/>	_____
Auditory Supports		
Amplification	<input type="checkbox"/>	_____
Auditory feedback	<input type="checkbox"/>	_____
Reduction in noise complexity/blocking	<input type="checkbox"/>	_____
Physical Supports		
Adaptive seating/positioning of student	<input type="checkbox"/>	_____
Wheelchair/mobility aid	<input type="checkbox"/>	_____
Adaptive positioning of materials	<input type="checkbox"/>	_____
Short sessions to reduce fatigue	<input type="checkbox"/>	_____

Type of Supports, continued	<u>Check if Used</u>	<u>Specific Technology Used</u>
Communication Supports		
Sign language/finger spelling	<input type="checkbox"/>	
Voice output communication aid (augmentative communication device)	<input type="checkbox"/>	_____
Point to symbols, words, etc.	<input type="checkbox"/>	_____
Eye-point to symbols, words, etc.	<input type="checkbox"/>	_____
Blink	<input type="checkbox"/>	_____
Tactile sign	<input type="checkbox"/>	_____
Touch screen	<input type="checkbox"/>	_____
Scanning (switch, visual, auditory)	<input type="checkbox"/>	_____
Switch	<input type="checkbox"/>	_____
Voice recognition software	<input type="checkbox"/>	_____
Physical assistance (describe assist)	<input type="checkbox"/>	_____
Other communication response support	<input type="checkbox"/>	_____
Objects with text	<input type="checkbox"/>	_____
Photos with text (and/or picture exchange communication program)	<input type="checkbox"/>	_____
Pictures/line-drawing with text	<input type="checkbox"/>	_____
Text (words, letters)	<input type="checkbox"/>	_____
Literacy Supports		
Adapted reading software	<input type="checkbox"/>	
Modified text	<input type="checkbox"/>	_____
Adapted writing software	<input type="checkbox"/>	_____
Adapted writing utensil	<input type="checkbox"/>	_____
Adaptive keyboard	<input type="checkbox"/>	_____
Other supports (please list):	<input type="checkbox"/>	_____

End of Sensory Access Form.