



Assistive Technology Infusion Project



Assistive Technology Outcomes Measurement Systems

Initial Student Performance Profile



Assistive Technology Infusion Project Student Performance Profile

Netscape users will encounter errors. We recommend using [Internet Explorer](#).

[Click here for Initial Student Performance Profile Instructions](#)

Follow-Up Student Performance Profile Now Online

Below is the revised timeline for Follow-Up Student Performance Profile for each Round.

ROUND	REVISED DUE DATE
Round 1	06/13/03
Round 2	07/13/03
Round 3	06/13/04 No Revision
Round 4	06/13/04 No Revision

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.





Assistive Technology Infusion Project (ATIP) Student Performance Profile

Log In Page to complete Student Performance Profile(s)

Building Contact
Last Name:

Password:

Sponsored jointly by Ohio Department of Education, ORCLISH and Ohio SchoolNet Commission
Governor: Bob Taft
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Assistive Technology Infusion Project (ATIP) Student Performance Profile

Log In Page to complete Student Performance Profile(s)

Contact Person Last Name:

Password:

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.

Last Name	First Name	Title
Doe	Kent	
Address	Facility	
City	State	Zip Code
Phone	Fax	Email
		42726





Assistive Technology Infusion Project (ATIP) Student Performance Profile

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. Please 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

Reference #	DOB	School Attending	District	Initial	Follow-up
999998	01/29/1988	R.B. Chamberlin Intermediate	Twinsburg City SD	x	x
999999	03/19/1957			x	x

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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](mailto:Kim.Finnerty) or call: 800.672.5474 ext. 1851.

Reference #	Date of Birth	Primary Disability
999998	01/29/1988	
Gender	Grade @ Submission	Service Location
M	8	
District Name	District IRN #	School Attending
Twinsburg City SD	050070	R.B. Chamberlin Intermediate
Round Awarded	1st Student Profile Due Date	
1	9/13/02	

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Reference #	Date of Birth	Primary Disability
999999	03/19/1957	
Gender	Grade @ Submission	Service Location
M	12	
District Name	District IRN #	School Attending
	12345	
Round Awarded	1st Student Profile Due Date	
	9/13/02	

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STUDENT REFERENCE BOX

Student Reference #: **999998**
DOB: 01/29/1988
Gender: M
Grade @ Submission: 8
District IRN #: 050070

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.

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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



Assistive Technology Infusion Project (ATIP) Student Performance Profile

STUDENT REFERENCE BOX

Student Reference #:
999998
 DOB: 01/29/1988
 Gender: M
 Grade @ Submission: 8
 District IRN #: 050070

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.

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- Reading (gains information from text materials)
- Writing (expressing oneself in written forms)
- Mathematics
- Computers (inputting and outputting information)
- Small objects (pencils, crayons, scissors, calculators, balls, etc.)
- Organization
- Efficiency (work rates, completeness)
- Note taking
- Listening

Select



Assistive Technology Infusion Project (ATIP) Student Performance Profile

STUDENT REFERENCE BOX **Section II: Areas of Need Addressed Through Assistive Technology Summary**

Student Reference #:
999998
DOB: 01/29/1988
Gender: M
Grade @ Submission: 8
District IRN #: 050070

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

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Assistive Technology Infusion Project (ATIP) Student Performance Profile

STUDENT REFERENCE BOX

Student Reference #:
999998
 DOB: 01/29/1988
 Gender: M
 Grade @ Submission: 8
 District IRN #: 050070

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

None Slow Moderate Fast Very Fast

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

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Assistive Technology Infusion Project (ATIP) Student Performance Profile

STUDENT REFERENCE BOX

Student Reference #:
999998
 DOB: 01/29/1988
 Gender: M
 Grade @ Submission: 8
 District IRN #: 050070

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)**

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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
0	1	2	3	4	5	6	7	8	9	10		

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
0	1	2	3	4	5	6	7	8	9	10		

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

No Contribution									Some Contribution			Substantial Contribution
0	1	2	3	4	5	6	7	8	9	10		

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

No Contribution									Some Contribution			Substantial Contribution
0	1	2	3	4	5	6	7	8	9	10		

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

No Contribution									Some Contribution			Substantial Contribution
0	1	2	3	4	5	6	7	8	9	10		

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
0	1	2	3	4	5	6	7	8	9	10		

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

No Contribution									Some Contribution			Substantial Contribution
0	1	2	3	4	5	6	7	8	9	10		

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
0	1	2	3	4	5	6	7	8	9	10		

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
0	1	2	3	4	5	6	7	8	9	10		

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



Assistive Technology Infusion Project (ATIP) Student Performance Profile

STUDENT REFERENCE BOX

Student Reference #:
999998
 DOB: 01/29/1988
 Gender: M
 Grade @ Submission: 8
 District IRN #: 050070

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)**

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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
0	1	2	3	4	5	6	7	8	9	10		

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
0	1	2	3	4	5	6	7	8	9	10		

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
0	1	2	3	4	5	6	7	8	9	10		

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
0	1	2	3	4	5	6	7	8	9	10		

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
0	1	2	3	4	5	6	7	8	9	10		

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
0	1	2	3	4	5	6	7	8	9	10		

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
0	1	2	3	4	5	6	7	8	9	10		

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
0	1	2	3	4	5	6	7	8	9	10		

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
0	1	2	3	4	5	6	7	8	9	10		

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



Assistive Technology Infusion Project (ATIP) Student Performance Profile

STUDENT REFERENCE BOX

Student Reference #:
999998
 DOB: 01/29/1988
 Gender: M
 Grade @ Submission: 8
 District IRN #: 050070

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)**

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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
0	1	2	3	4	5	6	7	8	9	10		

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									Some Contribution			Substantial Contribution
0	1	2	3	4	5	6	7	8	9	10		

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

No Contribution									Some Contribution			Substantial Contribution
0	1	2	3	4	5	6	7	8	9	10		

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
0	1	2	3	4	5	6	7	8	9	10		

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
0	1	2	3	4	5	6	7	8	9	10		

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
0	1	2	3	4	5	6	7	8	9	10		

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
0	1	2	3	4	5	6	7	8	9	10		

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
0	1	2	3	4	5	6	7	8	9	10		

Assistive Technology**9. Assistive Technology Devices used by student prior to implementation of devices received through ATIP funding**

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No Contribution									Some Contribution			Substantial Contribution
0	1	2	3	4	5	6	7	8	9	10		

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



Assistive Technology Infusion Project (ATIP) Student Performance Profile

STUDENT REFERENCE BOX

Student Reference #:
999998
 DOB: 01/29/1988
 Gender: M
 Grade @ Submission: 8
 District IRN #: 050070

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.

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Reading (gains information from text materials)

Goal 1

The student will increase of his written work to 90%

On your last visit, you answered: 30% To change your answer reselect a value below, then click the button at bottom of page

Current Ability Level (%)

Not Able					Somewhat Able					Fully Able
0	10	20	30	40	50	60	70	80	90	100

Goal 2

On your last visit, you answered: 70% To change your answer reselect a value below, then click the button at bottom of page

Current Ability Level (%)

Not Able					Somewhat Able					Fully Able
0	10	20	30	40	50	60	70	80	90	100

Goal 3

Current Ability Level (%)

Not Able					Somewhat Able					Fully Able
0	10	20	30	40	50	60	70	80	90	100

Click here when this section is complete

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Assistive Technology Infusion Project (ATIP) Student Performance Profile

STUDENT REFERENCE BOX

Student Reference #:

999998

DOB: 01/29/1988

Gender: M

Grade @ Submission: 8

District IRN #: 050070

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 (%)

Not Able			Somewhat Able				Fully Able			
0	10	20	30	40	50	60	70	80	90	100

Goal 2**Current Ability Level (%)**

Not Able			Somewhat Able				Fully Able			
0	10	20	30	40	50	60	70	80	90	100

Goal 3**Current Ability Level (%)**

Not Able			Somewhat Able				Fully Able			
0	10	20	30	40	50	60	70	80	90	100

Click here when this section is complete

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Assistive Technology Infusion Project (ATIP) Student Performance Profile

STUDENT REFERENCE BOX

Student Reference #:
999998
 DOB: 01/29/1988
 Gender: M
 Grade @ Submission: 8
 District IRN #: 050070

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 (%)

Not Able			Somewhat Able				Fully Able			
0	10	20	30	40	50	60	70	80	90	100

Goal 2**Current Ability Level (%)**

Not Able			Somewhat Able				Fully Able			
0	10	20	30	40	50	60	70	80	90	100

Goal 3**Current Ability Level (%)**

Not Able			Somewhat Able				Fully Able			
0	10	20	30	40	50	60	70	80	90	100

Click here when this section is complete

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Assistive Technology Infusion Project (ATIP) Student Performance Profile

STUDENT REFERENCE BOX

Section VI: Student Summary

Student Reference #:
999998
DOB: 01/29/1988
Gender: M
Grade @ Submission: 8
District IRN #: 050070

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.

Click on any "Not checked" links below to return to that section for each of the Areas of Need Addressed Through Assistive Technology

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Assistive Technology Infusion Project (ATIP) Student Performance Profile

STUDENT REFERENCE BOX

Student Reference #:
999998
 DOB: 01/29/1988
 Gender: M
 Grade @ Submission: 8
 District IRN #: 050070

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

Student Reference #	Date of Birth	Primary Disability
999998	01/29/1988	
Gender	Grade @ Submission	Service Location
M	8	
District Name	District IRN #	School Attending
Twinsburg City SD	050070	R.B. Chamberlin Intermediate
Round Awarded	1st Student Profile Due Date	
1	9/13/02	

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

hi there

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

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

Student Information Revised (if any)

Date of Birth Revised	Grade	Primary Disability
Service Location Revised	School Attending Revised	

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

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

Section III: Rate of Progress

Slow
 Moderate
 Fast

Section IV: Contribution of Interventions

0=No Contribution 10=Substantial Contribution

	Area of Need 1.	Area of Need 2.	Area of Need 3.
Student Strategies			
1. <i>Natural Development</i>	4	4	4
2. <i>Compensation</i> for impairment by the student (e.g. use other hand if one hand is impaired)	6	5	5
Teacher Strategies			
3. <i>Adaptations</i> of specific curricular tasks (e.g. worksheet modifications, alternate test-taking)	3	4	4
4. <i>Redesign</i> of instructional environment (e.g. new overall class approach, new way to present in front of class)	5	5	6
5. <i>Performance expectations changed</i> (e.g. lower expectations to obtain success)	7	8	4
6. <i>Participation</i> in General Education Instruction	5	5	6
Special Services			
7. <i>Related and Support Services</i> (OT, PT, SLP, Title 1, Tutoring)	4	4	3
8. <i>Personal Assistance</i> (e.g. aide, teacher, helper, interpreter, other students)	6	5	4
Assistive Technology			
9. <i>Assistive Technology Devices</i> Used by Student (before ATIP funding)	4	6	6

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10. *Assistive Technology Services* (e.g. training for use of devices, programming communication devices) 5 4 5

Section V: IEP Goals

0=Not Able 10=Fully Able

Reading (gains information from text materials)

**Current
Ability Level**

Goal 1: The student will increase of his written work to 90%	50%
Goal 2:	70%
Goal 3:	%

Writing (expressing oneself in written forms)

Goal 1: The student will complete 100% of her homework using the computer.	40%
Goal 2:	%
Goal 3:	%

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.	10%
Goal 2:	%
Goal 3:	%

Select another student