

Instrument Name:

**Student Performance Profile Pretest and Posttest-Print
Version**

Study Name:

The Effect Of Assistive Technology Devices And Services In A Public School Setting

Where presented:

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Dates of Data Collection:

December 2005 to June 2006

Number of Study Participants:

13

SPP-Pretest, page 2-4

*SPP-Posttest, page 5-7

The SPP-Posttest used in the Watson study included a section regarding participation in general education. This data was not used for the AOTA presentation or the AJOT article, thus not included in the following pages.

Student Performance Profile-Pretest

A. Section I: Student Information

- A. Student/Case manager code number _____ (no names please)
- B. Student grade/ birth year _____
- C. Student disability category _____
- D. Special education service level _____
- E. Related services provided to student _____

Section II: Areas of Need

A. The following are a list of need areas your student might have. Please circle the need areas that the **assistive technology (AT) provided by the AT team** might address. Please check all that apply under each of the following ten (10) categories.

(Circle all that apply.)

1. **Computer/technology**
2. **English/writing**
3. **History/social sciences**
4. **Mathematics**
5. **Science**
6. **Accessing and manipulating instructional materials/tools.** Examples of problems may include: Problems with physical, visual, and visual-motor tasks as it relates to manipulating computers (inputting and outputting information), small objects (pencils, crayons, scissors, calculators), large objects (lockers, desks, cubbies), and/or printed documents (page turning, formatting).
7. **Work habits/study skills.** Examples might include: Problems with organization, efficiency (work rates, completeness), note taking, following directions, and/or management of unproductive behaviors.
8. **Communication.** Examples might include: Problems with speaking, listening, rate of speech, and communication with peers and/or adults.

9. **Mobility.** Examples might include: Problems with mobility in the classroom, around the school, and/or in the community.

10. **Personal Care.** This category targets the student’s ability to perform daily living skills. Problems may include difficulties with eating, toileting, dressing, washing.

B. From the above list, please pick the most important area(s) of need that you expect the **AT provided by the AT team** to address. Choose at least one, but no more than three.

- 1. _____
- 2. _____
- 3. _____

Section III: Relevant IEP Objectives and Current Ability Level.

Using the current IEP, write the student’s objectives in the boxes below as they relate to the identified area of need. Each objective should be directly supported by the use of the new **AT provided by the AT team**. Please write at least one objective but no more than three. Insert only one (1) objective per box.

Then indicate the ability level on these individual objectives **prior to** the use of the new AT provided through the AT team. Use no student names, please.

Objective or goal 1:											
Current ability level (%)											
Not able			Somewhat able					Fully able			
0	10	20	30	40	50	60	70	80	90	100	

Objective or goal 2: (if necessary)											
Current ability level (%)											
Not able			Somewhat able					Fully able			
0	10	20	30	40	50	60	70	80	90	100	

Objective or goal 3: (if necessary)										
<hr/> <hr/>										
Current ability level (%)										
Not able			Somewhat able					Fully able		
0	10	20	30	40	50	60	70	80	90	100

Student Performance Profile-Posttest

B. Section I: Student Information

A. Student/Case Manager code number _____

(Please update if any changes to the following.)

B. Student grade _____

C. Student disability category _____

D. Special education service level _____

E. Related services provided to student _____

F: Since the initial contact regarding the assistive technology (AT) provided by AsTech, have any changes occurred that might have influenced the student's progress (*positive or negative*)? (Circle all that apply.)

1. Changes to the IEP team
2. School building
3. Student's family
4. Student health (including medications, surgery etc)
5. Other _____

F. If you circled any of the above, please explain:

Please continue to the next page...

Section II & III: Current Ability Level of Relevant IEP objectives and Contribution of Interventions.

Below are the IEP objectives you identified as relevant to the AT provided by AsTech. Please indicate the student’s current ability level in regards to these objectives. If the student no longer has that objective on his/her current IEP please indicate the student’ ability level the last time the objective was updated.

Objective or goal 1.										
Current ability level (%)										
Not able			Somewhat able					Fully able		
0	1	2	3	4	5	6	7	8	9	10

If feel your student has made progress in this objective, please indicate the contribution each of these possible intervention strategies may have made to that progress.

Student Strategies:

1. *Natural development*

No contribution			Some contribution					Substantial contribution		
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>										

2. *Compensation* for impairment by the student (e.g. use other hand if one hand is impaired).

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)

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)

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

