



Easter Seals of SEPA -Assistive Technology Student Profile

Child's name: _____ Division: _____ Classroom: _____ Date: _____

List of team members completing this form: _____

****Please check all boxes that apply and answer all questions as completely as possible.****

Motor

Does the child present with any postural reflexes?

- No
- ATNR
- STNR
- Other _____

Does the child present any postural control limitations?

- No
- Head
- Trunk
- Other _____

Does the child present with any abnormal tone throughout their body?

- No
- High Tone
- Low Tone
- Mix Tone

Does the child present with increased weakness?

- No
- Yes – Body Location/s _____

Does the child present with any precautions such as soft tissue or brittle bone issues?

- No
- Yes - Explain _____

Does the student require special positioning and/or mobility equipment?

Seating

- No
- Back support
- Armrest
- Lateral supports
- Headrest
- Chest Harness
- Seat belt
- Adductors
- Abductors
- Foot Straps
- Laptray
- Other _____

Mobility

- No
- Walker
- Wheelchair
- Other _____

Stander

- No
- Supine
- Prone
- Tray
- Other _____



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In what position is the student able to optimally respond?

Sitting

- Chair
- Floor
- Someone's lap

Standing

- At a table
- Stander

Lying

- Independently
- Floor positioning equipment

What reliable predictable motor movements does the student have?

Right Arm

- Full range of motion
- Limited range of motion

Left Arm

- Full range of motion
- Limited range of motion

Right Wrist

- Full range of motion
- Limited range of motion

Left Wrist

- Full range of motion
- Limited range of motion

Right Digits

- Full range of motion
- Limited range of motion

Left Digits

- Full range of motion
- Limited range of motion

Does the student have the ability to reach? Which hand?

- No
- Right
- Left
- Both

Does the student have the ability to grasp? Which hand?

- No
- Right
- Left
- Both

Does the student have the ability to grasp and release on command?

Which hand?

- No
- Right
- Left
- Both

Is the student able to point?

- No
- Isolate finger (which one) _____
- Fist (R/L hand) _____
- Other _____

Can the student manipulate objects?

- Yes - What type/size? _____
- No

Can the student turn pages of a book or manipulate cards/pictures?

- Yes What type? _____
- No

What hand does the student use the most for functional tasks?

- Right
- Left
- Both
- Neither

What is the approximate length of time for the child to sustain a purposeful activity? (Endurance Level)

- Less than 1 minute
- 3 to 5 minutes
- Greater than 5 minutes

Can the child use both of their hands in a coordinated fashion for a task?

- Yes
- No



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Visual

Does the child have vision issues?

- Yes (Explain) _____
- No

Is a vision professional seeing the child?

- Yes (Who) _____
- No

Does the child wear corrective lenses?

- Yes
- No

What size is the smallest picture that the child can see/identify?

- Less than 4 inches
- Less than 3 inches
- Less than 2 inches
- Less than 1 inch
- Other _____

What is the optimal lighting/contrast for the student to see an object picture drawing?

- Does not matter
- Brighter
- Darker
- Background color _____

Can the child fixate on an object?

- Yes
- No

Can the child track an object?

- Yes – (Circle) Horizontally; Vertically; Diagonally; Convergence
- No

What distance is functional for a child to fixate on an object?

- 6 inches
- 12 inches
- 18 inches
- Other _____

What is the best position for the child to attend/fixate on an object?

- Sitting
- Lying
- Standing
- Other _____

Can the child scan a visual display of items or pictures?

- Yes (Explain) _____
- No

Sensory

Does the child have any sensory issues that inhibit his/her performance?

- Tactile defensiveness
- Auditory defensiveness
- Sensory seeking, self-stimulatory behaviors (What are they?) _____

Is someone addressing the sensory needs of this child?

- Yes (Who) _____ (What is being done?) _____
- No

Auditory

Hearing within normal limits

- Yes
- No (Explain) _____

Is a hearing professional seeing the child?

- Yes (Who) _____
- No



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Receptive and Expressive Language

If a motivating item moves out of sight, will the child search for it?

- Yes
- No

Does the child manipulate or act on an object/toy purposefully?

- Yes
- No

Does the child recognize familiar voices?

- Yes
- No

Does the child fuss, turn or push away something not desired?

- Yes
- No

When manipulating toys or working on the computer, does the child know he is the one making things happen?

- Yes
- No

Will the child turn or respond upon hearing his own name?

- Yes
- No

Does the child wave or indicate "bye-bye"?

- Yes
- No

Does the child follow a simple one-step direction?

- Yes
- No

What is the child's best method for receiving information?

- Visual
- Auditory
- Tactile

What activities, items, and/or foods motivate the child?

Check all the signals the child currently uses to communicate.

Fill in the block of the signal(s) the child uses most frequently.

- Cries or facial expressions
- Gestures
- Eye gaze
- Pointing
- Object board
- Picture Exchange Communication System
- Picture communication board or book
- Sign language
- Vocalizations
- Words
- Speech generating device Name of Device : _____
- Other

Can a person unfamiliar with the child understand the response when the context is known?

- Yes % of time _____
- No

Does the child ever put two or more signals together?

- Yes
- No

Does the child identify 3 to 5 objects?

- Yes
- No

Does the child identify 3 to 5 pictures?

- Yes
- No

Does the child have a consistent "No" response?

- Yes
- No

Does the child have a consistent "Yes" response?

- Yes
- No