



## HIAT STUDENT PROFILE

Student Name:		DOB:	StudentID #:
Grade:	<input type="checkbox"/> IEP or <input type="checkbox"/> 504 Plan <small>please attach it to this form.</small>		Primary Disability:
School:		Special Ed Program:	
Form completed by:		Relationship to student:	
School Administrator:		SpEd Cluster Supervisor:	
Phone:	Date Profile Completed:	School Tech Mod Year:	
Parent/Guardian name(s):			
Parent home phone:		Parent work phone:	
Parent email:			

Status of Health/Vision/Hearing: \_\_\_\_\_

***Briefly list up to 3 challenges for which the team would like to explore technology tools.***

<b>#1</b>	
<b>#2</b>	
<b>#3</b>	

<u>WRITING</u> Grade Level:	Relative strength for student	Relative weakness for student	Notes
Spelling			
Letter formation			
Copying (near, far)			
Keyboarding speed			
Alignment and spacing			
Sentence completion			
Punctuation/capitals			
Note-taking			
Creative Writing			
Expository writing (BCR/ECR)			

*If student receives OT services, please provide name of OT:*

Notes:

<u>READING</u> Grade Level:	Relative strength for student	Relative weakness for student	Notes
Letter ID			
Key sight words			
Decoding			
Oral reading			
Silent reading			
Comprehension			

Notes:

<b>MATH</b> <b>Grade Level:</b>	Relative strength for student	Relative weakness for student	Notes
Number sense			
Number ID			
Basic math facts			
Visual-spatial			
Symbolic notation			
Algebra			
Geometry			

Notes:

<b>Work/Study Skills</b>	Relative strength for student	Relative weakness for student	Notes
Initiating tasks			
Short term memory			
Long term memory			
Problem solving			
Following written directions			
Following oral directions			
Attending to tasks			
Requesting assistance			
Managing multiple step tasks			
Organizing papers/notebook			

Notes:

**Student's experience with technology and other strategies:**

<b>Check all that apply</b>	<b>Frequency?</b> D=daily, W=weekly, M=monthly	<b>Effective?</b> Y=yes, N=no, ?=not sure (add brief note as appropriate)
<b>X</b>		
<input type="checkbox"/> Text reader(e.g.,Kurzweil/SOLO Read:Outloud)		
<input type="checkbox"/> Adapted paper		
<input type="checkbox"/> Sentence starters (digital / paper)		
<input type="checkbox"/> Word banks (digital / paper)		
<input type="checkbox"/> Writing outlines (digital / paper)		
<input type="checkbox"/> Graphic organizers (digital / paper)		
<input type="checkbox"/> Keyboarding training		
<input type="checkbox"/> Word processing		
<input type="checkbox"/> Spell-check		
<input type="checkbox"/> Word prediction		
<input type="checkbox"/> Talking word processor		
<input type="checkbox"/> PowerPoint		
<input type="checkbox"/> Multimedia presentation applications (Pixie, Image blender, PhotoStory, video, etc.)		
<input type="checkbox"/> Web-based applications		
<input type="checkbox"/> Other:		
<input type="checkbox"/> Other:		

*Other notes on experiences with technology:*

Please pony this form (and IEP or 504 Plan) to Kathleen Hamm, HIAT, Lynnbrook Annex