

SPEED / WATI Student Information Guide
SECTION 2
Motor Aspects of Writing

Student: _____ **Referring Person:** _____ **Date:** _____

1. Current Writing Ability (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Holds pencil, but does not write | <input type="checkbox"/> Pretend writes |
| <input type="checkbox"/> Scribbles with a few recognizable letters | <input type="checkbox"/> Uses regular pencil |
| <input type="checkbox"/> Uses pencil adapted with _____ | <input type="checkbox"/> Copies simple shapes |
| <input type="checkbox"/> Copies from book (near point) | <input type="checkbox"/> Copies from board (far point) |
| <input type="checkbox"/> Prints a few words | <input type="checkbox"/> Writes on 1" lines |
| <input type="checkbox"/> Prints name | <input type="checkbox"/> Writes on narrow lines |
| <input type="checkbox"/> Writes cursive | <input type="checkbox"/> Uses space correctly |
| <input type="checkbox"/> Writing is limited due to fatigue | <input type="checkbox"/> Sizes writing to fit spaces |
| <input type="checkbox"/> Writing is slow and arduous | <input type="checkbox"/> Writes independently and legibly |

2. Assistive Technology Used (Check all that apply.)

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Paper with heavier lines | <input type="checkbox"/> Paper with raised lines | <input type="checkbox"/> Pencil grip |
| <input type="checkbox"/> Special pencil or marker | <input type="checkbox"/> Splint or pencil holder | <input type="checkbox"/> Typewriter |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Other _____ | |

3. Current Keyboarding Ability (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Does not currently type | <input type="checkbox"/> Activates desired key on command |
| <input type="checkbox"/> Types slowly, with one finger | <input type="checkbox"/> Types slowly, with more than one finger |
| <input type="checkbox"/> Accidentally hits unwanted keys | <input type="checkbox"/> Performs 10 finger typing |
| <input type="checkbox"/> Requires arm or wrist support to type | <input type="checkbox"/> Accesses keyboard with head or mouth stick |
| <input type="checkbox"/> Uses mini keyboard to reduce fatigue | <input type="checkbox"/> Uses switch to access computer |
| <input type="checkbox"/> Uses Touch Window | <input type="checkbox"/> Uses alternative keyboard |
| <input type="checkbox"/> Uses access software | <input type="checkbox"/> Uses Morse code to access computer |
| <input type="checkbox"/> Uses adapted or alternate keyboard, such as _____ | |
| <input type="checkbox"/> Other _____ | |

SPEED / WATI Assessment Package

4. Computer Use (Check all that apply.)

- Has never used a computer Uses computer at school Uses computer at home
- Uses computer for games Uses computer for word processing
- Uses computer's spell checker
- Uses computer for a variety of purposes, such as _____
- Has potential to use computer but has not used a computer because _____
- _____
- _____
- _____

5. Computer Availability and Use

The student has access to the following computer(s)

- PC Macintosh Other _____
- Desktop Laptop

Location: _____

The student uses a computer

- Rarely Frequently Daily for one or more subjects or periods Every day, all day

Summary of Student's Abilities and Concerns Related to Writing
