

**SPEED / WATI Student Information Guide**  
**SECTION 7**  
**Math**

**Student:** \_\_\_\_\_ **Referring Person:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**1. Difficulties Student Has with Math** (Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Legibly writing numerals                        | <input type="checkbox"/> Understanding math related language         |
| <input type="checkbox"/> Understanding meaning of numbers                | <input type="checkbox"/> Understanding place values                  |
| <input type="checkbox"/> Understanding money concepts                    | <input type="checkbox"/> Completing simple addition and subtraction  |
| <input type="checkbox"/> Completing multiplication and division          | <input type="checkbox"/> Completing complex addition and subtraction |
| <input type="checkbox"/> Understanding units of measurement              | <input type="checkbox"/> Understanding tables and graphs             |
| <input type="checkbox"/> Creating graphs and tables                      | <input type="checkbox"/> Understanding time concepts                 |
| <input type="checkbox"/> Understanding fractions                         | <input type="checkbox"/> Working with fractions                      |
| <input type="checkbox"/> Converting to mixed numbers                     | <input type="checkbox"/> Understanding decimals /percents            |
| <input type="checkbox"/> Solving story problems                          | <input type="checkbox"/> Understanding geometry                      |
| <input type="checkbox"/> Graphing  | <input type="checkbox"/> Understanding the use of formulas           |
| <input type="checkbox"/> Understanding and use of trigonometry functions | <input type="checkbox"/> Checking work                               |
| <input type="checkbox"/> Other _____                                     |  |

**2. Assistive Technology Tried**

- |  |  |
|--|--|
| <input type="checkbox"/> Abacus  | <input type="checkbox"/> Talking calculator                              |
| <input type="checkbox"/> Math line   | <input type="checkbox"/> Braille calculator                              |
| <input type="checkbox"/> Enlarged math worksheets                                    | <input type="checkbox"/> Alternative keyboards (e.g., IntelliKeys)       |
| <input type="checkbox"/> Low-tech alternatives for answering                         | <input type="checkbox"/> Math “Smart Chart”                              |
| <input type="checkbox"/> Recorded material   | <input type="checkbox"/> Tactile math devices (ruler, clock, etc.)       |
| <input type="checkbox"/> Voice output reminders for assignments, steps of task, etc. | <input type="checkbox"/> Electronic organizers                           |
| <input type="checkbox"/> Pagers/electronic reminders                                 | <input type="checkbox"/> Single word scanners                            |
| <input type="checkbox"/> Software for manipulation of objects/concept development    | <input type="checkbox"/> On screen scanning calculator                   |
| <input type="checkbox"/> Talking or Braille watch                                    | <input type="checkbox"/> Software for organization of ideas and studying |
| <input type="checkbox"/> Palm computers  |  |
| <input type="checkbox"/> Other _____   |  |

**3. Strategies Used**

Please describe any strategies that have been used to help. \_\_\_\_\_

**Summary of Student’s Abilities and Concerns Related to Math** \_\_\_\_\_