

Assistive Technology: Transition Checklist (post-school planning)

From school to post-school services, this guide helps to identify current uses of AT, anticipated future uses of AT, and services available to access AT.

Student Statement

As an assistive technology user in the school system, it's important that I understand how and when I use my AT, that I am an advocate for myself and my equipment, and that I am prepared to meet my adult goals with AT.

Name _____

Age _____

Date of Anticipated School Transition _____

TO BE COMPLETED BY SCHOOL STAFF

Disability (Check all that apply)

Speech/Language

Developmental Delay

Specific Learning Disability

Cognitive Disability

Other Health Impairment

Hearing Impairment

Vision Impairment

Emotional/Behavioral

Traumatic Brain Injury

Autism

Neurological Disability

Physical (describe)

Current Service Providers (check any/all that apply)

Occupational Therapy

Physical Therapy

Speech Language

Other(s)

Medical Considerations (Check any/all that apply)

History of seizures

Fatigues easily

Has degenerative medical condition

Has fine motor issues

Has frequent pain

Has multiple health problems

Has Pacemaker or other electronic implant(s)
(could lead to contraindications with some technologies)

Other – Describe briefly _____

Assistive Technology Currently Used in School (Check all that apply)

Writing/Learning Aids

Voice Recognition

Vision Aids

Eye Gaze Technology

Amplification System/Hearing aids

AAC

Environmental Control Units

Memory Aids

Adapted Computer Access

Sensory Aids

Aids for Daily Living

Other

Student's Current Needs

Please describe task(s) the student completes with the use of assistive technology:

Please indicate types, models, versions of AT currently used:

Student's Current Use of AT Supports the Following (check all that apply)

Speech/Communication

Reading/Writing

Mobility, seating, positioning

Daily Living

Vision

Health Maintenance

Hearing

Computer Access

Environmental Access

Learning, cognition, developmental delay

TO BE COMPLETED BY STUDENT/FAMILY

AT after Transition from School (check all that apply)

I plan to use AT in the following settings, after I leave high school:

Home/Community

Work

Higher Education/College

Other

After transitioning from school, I will need AT to (check all that apply):

Communicate

Support Daily Living (dressing, cooking, etc.)

Transport/Drive

Manage Health

Support Vision

Access the computer, tablet, or iDevice

Support Hearing

Build social skills and interactions

Read/Write

I will use the following services to help access AT after transition from school:

DORS/Vocational Rehabilitation

DDA/Community Services

Higher Education/College

Employer

None/I don't know

Other _____

I/my family would like to consult with the Maryland AT Program to discuss additional ways to incorporate & access AT in post-school activities:

Yes No

If yes, please email this completed form to mdtap.general@maryland.gov to request a consultation.

Additional Transition Summary Notes
