

SCHOOL  
DISTRICT  
LOGO

## JUSTIFICATION SUMMARY BODY OF EVIDENCE FOR CONSIDERATION OF ASSISTIVE TECHNOLOGY

STUDENT: _____	GRADE: _____	AUDIOLOGIST: _____	
DHH: _____	SCHOOL: _____		
Mode of Communication:	<input type="checkbox"/> ASL	<input type="checkbox"/> English based sign system	<input type="checkbox"/> Auditory / Oral
Services / Accommodations:	<input type="checkbox"/> Interpreter	<input type="checkbox"/> FM System	<input type="checkbox"/> Notetaker <input type="checkbox"/> CART Services

<b>BODY OF EVIDENCE TO SUPPORT THE PROVISION OF SPEECH-TO-TEXT ASSISTIVE TECHNOLOGY (STT)</b>	
<input type="checkbox"/> Unaided Speech Discrimination _____%	<input type="checkbox"/> Reading Assessment: Grade Level _____
<input type="checkbox"/> Aided Speech Discrimination _____%	<input type="checkbox"/> Reading Fluency (words per minute) _____
<input type="checkbox"/> LIFE-R _____ Classroom Listening Score	<input type="checkbox"/> Reading Comprehension _____
<input type="checkbox"/> Functional Listening Evaluation (FLE) _____% (Percent with FM at 12 feet)	
<input type="checkbox"/> Listening Comprehension Data Collection	<input type="checkbox"/> Language Level (Standardized Testing) _____
— % With / Without FM at 12 feet	<input type="checkbox"/> Student Report Card: # of A-C's _____ #of D-F's _____
— % With Assistive Technology - HAT	<input type="checkbox"/> Other: _____
— % With Assistive Technology – STT	_____

<b>RECOMMENDED</b> support for NEW or ADDITIONAL assistive technology:
<input type="checkbox"/> Speech-to-Text <input type="checkbox"/> HAT (Hearing Assistive Technology)
<b>RATIONALE FOR RECOMMENDATIONS:</b>
<input type="checkbox"/> Student is currently using CART services and an alternative option is desired
<input type="checkbox"/> Student is using an interpreter and needs notetaking support
<input type="checkbox"/> Student uses audition and needs notetaking support
<input type="checkbox"/> Student misses spoken information and needs captioned access during instruction
<input type="checkbox"/> Student needs updated Hearing Assistive Technology
<b>EQUIPMENT / SOFTWARE NEEDED FOR RECOMMENDATIONS:</b>
<input type="checkbox"/> Laptop or Tablet Computer <input type="checkbox"/> STT Software <input type="checkbox"/> HAT Upgrade

DIRECTOR: \_\_\_\_\_  
(Signature)

TOD: \_\_\_\_\_  
(Signature)