



## Application for an Adaptive Technology Assessment

*Confidential when complete*

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### PROCESS:

1. The application is to be completed by an Occupational Therapist, Physical Therapist, Speech Language Pathologist, Audiologist, Special Education Consultant or Community Therapist. Assistance may be available from parents, other family members, teachers, and/or other resource people.
2. See attached fee schedule.
3. The assessment includes a written report including recommendations and costs of the appropriate technical devices. Installation and training cost estimates are included as an option.
4. The person making the referral is responsible for:
  - a) ensuring that funding is authorized for the assessment, and
  - b) locating the necessary funding for the purchase of the equipment.
5. For additional information please contact:

Andrew Baenziger  
SaskAbilities  
2310 Louise Avenue  
SASKATOON, SK S7J 2C7  
  
Telephone (306) 374-4448 Fax (306) 373-2665  
  
E-mail: [adaptivetechnology@saskabilities.ca](mailto:adaptivetechnology@saskabilities.ca)  
[www.saskabilities.ca](http://www.saskabilities.ca)
6. **Please complete all sections pertaining to the client.**
7. Completed forms can be returned by mail or fax. Please designate “*Confidential*” on the fax cover page or envelope.

### ***CONFIDENTIALITY STATEMENT***

*This information is compiled to facilitate an appropriate adaptive technology assessment for this client. The written report completed after the assessment will be sent to the client (or their parent or guardian), the referral source and the funding source. The application and written assessment report will then become part of the client file subject to all policies and procedures related to proper storage and disposal of confidential information as established by SaskAbilities.*



# Application for an Adaptive Technology Assessment

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PLEASE COMPLETE AS FULLY AS POSSIBLE. SEVERAL PEOPLE MAY ASSIST IN COMPLETING THE APPLICATION FORM (E.G. SLP, OT, TEACHER, OTHER RESOURCE PERSON, PARENT, ETC.)

PLEASE TYPE OR PRINT CLEARLY.

**Client:**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

**Next of Kin:**

Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_  
\_\_\_\_\_

**Relevant medical history** (brief description of only those factors which may impact the assessment process): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other professionals and/or agencies involved with the applicant (e.g. SLP, OT, Community Therapist, Community Living Division, other resource person, etc.)

Name	Position	Phone

*I authorize SaskAbilities to contact other professionals or agencies listed above, if required for the purposes of this assessment.*

*Signature of Client or Parent/Guardian* \_\_\_\_\_

**Functional Status:** Please grade (5 = typical, 4 = good, 3 = fair, 2 = poor, 1 = trace, 0 = nil)

**a) Range of motion:** Head and neck \_\_\_\_\_ Trunk \_\_\_\_\_

	Right	Left
Shoulder		
Elbow		
Forearm		
Wrist		
Knee		
Ankle		

		Right	Left
Fingers	Index		
	Middle		
	Ring		
	Little		
	Thumb		
Toes	Large		

Balance		Hearing		Hand/eye coordination	
Breathing		Speech		Language comprehension	
Vision		Cognition		Expressive ability	

If any of the above is fair to nil, please describe and attach any pertinent reports such as therapy reports, etc. \_\_\_\_\_

**b) Note any restrictive factors** (e.g. spasticity, contractures, etc.): \_\_\_\_\_

**c) Can the client use their hands to:**

- Point with index finger?  yes  no Consistently? \_\_\_\_\_
- Use the non-dominant hand to stabilize objects?  yes  no
- Hold an object, such as a pencil?  yes  no If yes, describe grasp \_\_\_\_\_

**d) Can the client:**

- Recognize all the letters of the alphabet?  yes  no
- Make a choice between two options presented?  yes  no Consistently? \_\_\_\_\_
- Concentration span \_\_\_\_\_

**e) Specify the type of seating presently being used** (e.g. regular desk or chair, special desk or chair, wheelchair, etc.): \_\_\_\_\_

**f) Physical:**

Is able to sit \_\_\_\_\_ hours per day.

Is fatigue a problem?  yes  no

Is the client's attention span better in the  morning  afternoon?

**g) Psychological:** Has a psychologist completed a cognitive ability assessment?  yes  no  
If yes, when \_\_\_\_\_ By whom? \_\_\_\_\_  
Cognitive age level \_\_\_\_\_

**h) Communication:** Receptive language level (age), if known \_\_\_\_\_  
Please describe the client's general understanding (e.g. specific vocabulary, ability to follow directions, ability to comprehend questions). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**i) Expressive language level (age), if known:** \_\_\_\_\_  
Please describe the client's ability to express their wants and needs (e.g. words, phrases, sounds, gestures, etc.). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**History:** Give a brief history which may include hobbies, interests, previous education and/or employment, family, typical daily activities, and who the client interacts with on a daily basis.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Assistive devices:** Present aids, adaptive equipment, specialized seating, tray, etc.  
\_\_\_\_\_  
\_\_\_\_\_

**The main purpose of this assessment is for:**  
 an environmental control  a communication device  a computer  other  
If other, specify (e.g. adaptation or modification to properly use an existing device, toy, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is the client able to travel?**  yes  no

**Additional comments and goals** (What would the client like to achieve?)

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**THIS SECTION MUST BE COMPLETED** Funding for the assessment has been authorized by:

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Position \_\_\_\_\_

City/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Extension \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Authorization letter attached, or  purchase order # \_\_\_\_\_

Send invoice to:  above  other (specify) \_\_\_\_\_

**Will the equipment be used in a school program?**  yes  no If yes, specify

Name of school \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

a) Teacher/Assistant \_\_\_\_\_ Phone \_\_\_\_\_

b) Education consultant \_\_\_\_\_ Phone \_\_\_\_\_

c) Speech Language Pathologist \_\_\_\_\_ Phone \_\_\_\_\_

d) Occupational Therapist \_\_\_\_\_ Phone \_\_\_\_\_

**Referral Source:**

Name \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Department \_\_\_\_\_

Agency \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_

*Signature* \_\_\_\_\_

### Assessment Services

Assessments determine the most appropriate equipment for the individual in relation to their physical and/or cognitive abilities and specify options to ensure that the individual can access and use the equipment recommended.

#### What Does An Assessment Cost?

- Assessment - \$350 (includes written report, recommendations and equipment cost estimate)
- Travel - based on Government of Saskatchewan rates
- Accommodation – Actual cost
- Meals – per diem rates: Breakfast \$10, Lunch \$18, Supper \$23

#### How Do I Arrange An Assessment?

Complete the application form available on our web site or by contacting our office. Once we receive the completed application form, our technologist will contact you to finalize details regarding the location of the assessment (for example: at home, at school, at our office) and what equipment will be used for assessment purposes.

### Consultation Services

We provide consultation services on adapting equipment or on computer specifications where a complete formal assessment is not required. A consultation is less involved than a formal assessment and deals with a specific equipment or software issue. After a consultation, recommendations will be provided in the form of a letter and will address only the specific issue raised.

#### What Does A Consultation Cost?

- Consultation - \$60/hour (minimum of two hours)
- Travel - based on Government of Saskatchewan rates
- Accommodation – Actual Cost
- Meals – per diem rates: Breakfast \$10, Lunch \$18, Supper \$23

#### How Do I Arrange A Consultation?

Contact our office to arrange details regarding what specific issue you would like addressed and where the consultation will take place. You are not required to complete the application form.

## **Other Services**

- Training Sessions and/or Group In-Services
- We are a distributor for the following companies:
  - Ablenet
  - Tobii Dynavox
  - SECREST Resources Ltd.
  - Stoveguard International
- On-site Equipment Displays
- Equipment Installation and Repair
- Mobile Services
- Modifications
- Ongoing Support

A purchase order or letter of authorization must accompany any equipment order.

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For product pricing information or for additional information on any of these services, please contact:

**ADAPTIVE TECHNOLOGY SERVICES  
SASKABILITIES**

2310 Louise Avenue, Saskatoon, SK S7J 2C7

Phone (306) 374-4448, Fax (306) 373-2665

E-mail [adaptivetechnology@saskabilities.ca](mailto:adaptivetechnology@saskabilities.ca)

[www.saskabilities.ca](http://www.saskabilities.ca)