



Application for an Adaptive Technology Assessment

Confidential when complete

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
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.



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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?)

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 \$8, Lunch \$14, Supper \$19

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 \$8, Lunch \$14, Supper \$19

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.

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

**ADAPTIVE TECHNOLOGY SERVICES
SASKABILITIES**

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