

# Project TTAP: Technology Team Assessment Process

Activity Number \_\_\_\_\_

## Individual Trial Form

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To be completed by a Core Team Member or a member of the child Support Team during the assessment activity.

**Child's Name:** \_\_\_\_\_ **Duration of Activity:** \_\_\_\_\_

**Observer:** \_\_\_\_\_ **Date of Assessment:** \_\_\_\_\_

**Software/Toy Used:** \_\_\_\_\_

**Peripheral Device Used:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Discover:Board  | <input type="checkbox"/> Key Largo        | <input type="checkbox"/> Switch Interface |
| <input type="checkbox"/> Discover:Switch | <input type="checkbox"/> Keyboard         | <input type="checkbox"/> Touch Screens    |
| <input type="checkbox"/> IntelliKeys     | <input type="checkbox"/> Mouse            | <input type="checkbox"/> Trackball Plus   |
| <input type="checkbox"/> Joystick        | <input type="checkbox"/> Rollerball Light |   |
| <input type="checkbox"/> Ke:nx           | <input type="checkbox"/> Switch           |   |
| <input type="checkbox"/> Unicorn         |   |   |

Other: \_\_\_\_\_

**Switch Type:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Big Red Switch    | <input type="checkbox"/> Leaf Switch         | <input type="checkbox"/> Pillow Switch       |
| <input type="checkbox"/> Elipse Switch     | <input type="checkbox"/> Light Switch        | <input type="checkbox"/> Plate Switch        |
| <input type="checkbox"/> Flat White Switch | <input type="checkbox"/> Membrane Switch     | <input type="checkbox"/> Pull Switch         |
| <input type="checkbox"/> Green Tape Switch | <input type="checkbox"/> Mercury Switch with | <input type="checkbox"/> Rocker - Left/Right |
| <input type="checkbox"/> Jellybean Switch  | Headband                                     | <input type="checkbox"/> String Switch       |
| <input type="checkbox"/> Switch            | <input type="checkbox"/> Music Switch        | <input type="checkbox"/> Tread Switch        |

Other Switch: \_\_\_\_\_

**Switch Holder:** \_\_\_\_\_ **Switch Mount:** \_\_\_\_\_

**Switch Position:**

- |  |                                |                               |
|--|--------------------------------|-------------------------------|
| <input type="checkbox"/> Hand            | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Fingers         | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Head            | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Arm             | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Leg             | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Foot            | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Trunk           |                                |                               |
| <input type="checkbox"/> Eyebrow         |                                |                               |
| <input type="checkbox"/> Facial Movement |                                |                               |

Other: \_\_\_\_\_

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## Peripheral Placement:

- |  |                                     |                                    |                                  |
|--|-------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Floor                 | <input type="checkbox"/> Right side | <input type="checkbox"/> Left side | <input type="checkbox"/> Midline |
| <input type="checkbox"/> Table                 | <input type="checkbox"/> Right side | <input type="checkbox"/> Left side | <input type="checkbox"/> Midline |
| <input type="checkbox"/> Wheelchair Tray       | <input type="checkbox"/> Right side | <input type="checkbox"/> Left side | <input type="checkbox"/> Midline |
| <input type="checkbox"/> Held by evaluator     |                                     |                                    |                                  |
| <input type="checkbox"/> Mounted on monitor    |                                     |                                    |                                  |
| <input type="checkbox"/> Mounted on wheelchair |                                     |                                    |                                  |

Position: \_\_\_\_\_

**Type of Computer Used:** \_\_\_\_\_

Child's Position (seated in):

- Adaptive Chair
- Chair
- Lying on Floor
- Seated on Floor
- Wheelchair

Other: \_\_\_\_\_

**Other Adaptations/Equipment Used:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Description of Activity:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Child's Reaction to Activity:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Observer's Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_