

## WYOMING NEXT STEP ASSESSMENT CLINIC

Tonkin Activities Center

Riverton, WY

October 25, 2019

The attached application must be returned by [September 13, 2019](#). Because the Next Step Assessment Clinic can assess a limited number of children during each clinic, applications will be considered in the order in which they are received. School contacts will be notified by September 19, if the student from their school has been accepted.

For students who are accepted to participate in the Clinic, the following information will need to be submitted prior to September 30<sup>th</sup>. Further information, releases and family/school surveys will be sent to schools with their Clinic acceptance letter.

- Check/voucher** for \$400.00 made out to [Wyoming Deaf-Blind Project](#)
- Student's Daily Schedule**
- IEP/IFSP with Goals and Objectives**
- School Interview Form** – completed by members of the student's educational team
- CD /JUMP DRIVE/ or emailed video** – 5-15 minutes in length depicting areas of concern that you are asking the Educational Assessment Team to address at the Clinic. This is also an introduction of the student to the team – aiding the team in development of the assessment process.
- If the team has concerns about nutrition, independent eating or other mealtime challenges: **5 minute video** demonstrating these areas of concern and completion of the **Mealtime Management Information Form**.
- Family Interview** – completed by family
- Signed **Release of Information**
- Photo Release**
- Any pertinent **Medical Information**. This information is vital in determining how to assess the student.

If you have any questions, please feel free to contact our office at 307-856-5652 or email me at [leslie.vanorman@wyo.gov](mailto:leslie.vanorman@wyo.gov)

Applications should be mailed to:

Leslie Bechtel Van Orman  
Wyoming Project for Children and Youth Who Are Deaf-Blind  
320 W. Main St.  
Riverton, WY 82501

Wyoming Next Step Assessment Clinic  
Wyoming Department of Education  
October 25, 2019

**Application is due by September 13, 2019** (We are able to conduct a limited number of assessments, and applications will be processed as they are received.)

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Student's weight \_\_\_\_\_

WISER ID Number \_\_\_\_\_ Male  Female

Name of Parent(s)/Guardian(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

School District/ Preschool Region: \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

School Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_



### Vision Concerns

Blindness	<input type="checkbox"/>	Field Loss	<input type="checkbox"/>
Low Vision	<input type="checkbox"/>	Unsure of Vision	<input type="checkbox"/>
Light Sensitivity	<input type="checkbox"/>	Visual Aids used <b>(If hand held bring to the Clinic)</b>	<input type="checkbox"/>
CVI	<input type="checkbox"/>		
Glasses <b>(Bring to the Clinic)</b>	<input type="checkbox"/>		

List other vision concerns:

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### Hearing Concerns

Unsure of Hearing	<input type="checkbox"/>	Personal Hearing Aid <b>(Bring To Clinic)</b>	<input type="checkbox"/>
Deaf	<input type="checkbox"/>	Amplified Systems	<input type="checkbox"/>
Deaf / Hard of Hearing	<input type="checkbox"/>	Classroom System	<input type="checkbox"/>
		BAHA	<input type="checkbox"/>
		Cochlear Implants      Right                      Left	<input type="checkbox"/>

List other Hearing Concerns:

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### Communication Concerns

*Check all that apply*

Unsure of Communication Method	<input type="checkbox"/>	Sign Language	<input type="checkbox"/>
Verbal <b>*(Sounds, Words, Sentences)</b>	<input type="checkbox"/>	Objects <b>*(Pictures, Symbols)</b>	<input type="checkbox"/>
Non – Verbal <b>*(facial, gestures, eye gaze)</b>	<input type="checkbox"/>	Augmentative Communication	<input type="checkbox"/>

List equipment being used and if transportable, please bring it to Clinic:

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List other Communication Concerns:

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## Assistive Technology

*Check all that apply*

<b>Low Tech Adaptations</b> *(Communication Boards, Pictures, Schedules/ Calendar Boxes, Eye Gaze Boards, Switches)  <b>Computer</b> iPad	<input type="checkbox"/>   <input type="checkbox"/> <input type="checkbox"/>	<b>High Tech Adaptations</b> *(Intelitools, Word Predication, Software Voice, Voice Recognition Systems, Voice output Devices, Educational Software)	<input type="checkbox"/>
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If using computers please list the software:

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List other assistive technology being used:

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## Gross & Fine Motor Concerns

*check all that apply*

Non Ambulatory Walks Walks With Assistance Braces / Orthotics Postural Concerns Seating / Positioning ( <b>Stander, Adapted Chair, Side-Lyer, Prone Wedge, Quad Wedge</b> )	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Wheelchair (Date of Purchase _____)</b> Eye-Hand Coordination Sensory Processing / Sensory Integration Developmental Concerns O&M <b>List Devices:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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List other Motor Concerns:

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Nutritional Concerns			
<i>Check all that apply –</i>			
Nutritional	<input type="checkbox"/>	Consumption of Food	<input type="checkbox"/>
Growth / Height / Weight	<input type="checkbox"/>	Oral	<input type="checkbox"/>
Sensory Issues	<input type="checkbox"/>	Tube	<input type="checkbox"/>
Respiratory	<input type="checkbox"/>		

List other Nutritional Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Behavior Concerns			
Acting Out	<input type="checkbox"/>	Inappropriate Behaviors (list)	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	Challenges with Social Skills	<input type="checkbox"/>

List other Behavioral concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications student is currently taking:

Is there anything else that you want the assessment teams to know about the student:

**\*\*The school contact will be notified by September 19th whether this application has been accepted or not.**