

I CAN Centre for Assistive Technology Composing Written Material

■ Please return with completed "Request for Services" form and supporting documents.

MAIL
I CAN Centre for Assistive Technology
Glenrose Rehabilitation Hospital
Room 38, 10230 – 111 Ave.
Edmonton, AB, T5G 0B7

FAX 780-735-6072 **EMAIL** icancentre@albertahealthservices.ca

Name	Date of Birth (yyyy-Mon-dd)
■ Individual's present writing is typically □ Single words □ Short phrases □ Complex phrases □ Multi paragraph reports □ Other	☐ Sentences ☐ 2 - 5 sentence paragraphs ☐ Longer paragraphs
 Individual currently has difficulty (√ check all that apply) Answering questions Getting started on a sentence or story Adding information to a topic Sequencing information Integrating information from 2 or more sources Relating information to specific topics Determining when to begin new paragraphs Working with peers to generate ideas. Other 	□ Using a variety of vocabulary □ Summarizing information □ Composing email □ Entering search terms □ Composing text messages □ Adding information to agenda and calendar □ Generating ideas □ Planning content
■ Individual currently use the following aids/assistive (\scribe Word cards Word wall/word lists Dictionary Prewritten words on cards or labels Electronic Dictionary/spell checker Talking electronic dictionary/spell checker Whole words using software or hardware (e.g. Intellikeys) Sentences or phrases using software or hardware Symbol based software for writing (e.g. Communicate in Print Word processing with spell checker/grammar checker Other	☐ Talking word processing ☐ Word book ☐ Portable word processor ☐ Digital recorder ☐ Abbreviation/expansion ☐ Word prediction ☐ Voice recognition software ☐ Mobile device

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(√check all that apply)	
☐ Assignments shortened	
☐ Verbal responses instead of written responses	
☐ Outlines ☐ Graphics to communicate ideas	
□ Story starters	
☐ Pre-set choices or plot twists	
☐ Webbing/concept mapping	
☐ Templates to provide the format or structure (both paper and electronic)☐ Dictates for others to write	
□ Other	
■ Please list specific software and apps that has been tried and/or are currer	ntly being used
Software	
Apps	
■ Summary of individual's abilities and concerns related to composing writte	en materials
Name of person(s) completing this form (Print Name)	Date (yyyy-Mon-dd)

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