

## I CAN Centre for Assistive Technology Mechanics of Writing

- 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](mailto:icancentre@albertahealthservices.ca)

*This form is based on the WATI Student Information Guide, Wisconsin Assistive Technology Initiative*

Name	Date of Birth (yyyy-Mon-dd)																																
<p>■ <b>Individual’s current writing ability</b> (√Check all that apply)</p> <table border="0"> <tr> <td><input type="checkbox"/> Writes independently and legibly</td> <td><input type="checkbox"/> “Pretend” writes</td> </tr> <tr> <td><input type="checkbox"/> Writes cursive</td> <td><input type="checkbox"/> Uses adapted pencil or pencil grips</td> </tr> <tr> <td><input type="checkbox"/> Writes on 1” lines</td> <td><input type="checkbox"/> Holds pencil, but does not write</td> </tr> <tr> <td><input type="checkbox"/> Uses spaces correctly</td> <td><input type="checkbox"/> Copies from book (<i>near point</i>)</td> </tr> <tr> <td><input type="checkbox"/> Sizes writing to fit spaces</td> <td><input type="checkbox"/> Copies from board (<i>far point</i>)</td> </tr> <tr> <td><input type="checkbox"/> Prints a few words</td> <td><input type="checkbox"/> Copies simple shapes</td> </tr> <tr> <td><input type="checkbox"/> Prints name</td> <td><input type="checkbox"/> Writing is limited due to fatigue</td> </tr> <tr> <td><input type="checkbox"/> Scribbles with a few recognizable letters</td> <td><input type="checkbox"/> Writing is slow and difficult</td> </tr> </table>		<input type="checkbox"/> Writes independently and legibly	<input type="checkbox"/> “Pretend” writes	<input type="checkbox"/> Writes cursive	<input type="checkbox"/> Uses adapted pencil or pencil grips	<input type="checkbox"/> Writes on 1” lines	<input type="checkbox"/> Holds pencil, but does not write	<input type="checkbox"/> Uses spaces correctly	<input type="checkbox"/> Copies from book ( <i>near point</i> )	<input type="checkbox"/> Sizes writing to fit spaces	<input type="checkbox"/> Copies from board ( <i>far point</i> )	<input type="checkbox"/> Prints a few words	<input type="checkbox"/> Copies simple shapes	<input type="checkbox"/> Prints name	<input type="checkbox"/> Writing is limited due to fatigue	<input type="checkbox"/> Scribbles with a few recognizable letters	<input type="checkbox"/> Writing is slow and difficult																
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**I CAN Centre for Assistive Technology  
Mechanics of Writing**

**■ List technology currently being used by the individual**

Software \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Accessibility features \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Apps \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**■ What difficulty is the individual having with current methods?**

- Fine motor
- Range of motion
- Tone/reflexes
- Accuracy
- Fatigue
- Other \_\_\_\_\_

**■ List any other technology tried in the past and describe how it worked**

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

**■ Positioning**

How is the individual positioned to work on writing tasks?

- Regular classroom or office chair
- Regular chair with adaptations
- Specialty chair
- Wheelchair
- Other \_\_\_\_\_

Please describe details the of wheelchair or specialty chair used

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

**■ Summarize individual's abilities and concerns related to computer and device access**

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

Name of person(s) completing this form (*Print Name*)

Date (*yyyy-Mon-dd*)