

## I CAN Centre for Assistive Technology Reading Skills

■ 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>What materials do you need to read?</b></p> <p> <input type="checkbox"/> Worksheets or forms                      <input type="checkbox"/> Non-Fiction or textbooks                      <input type="checkbox"/> Magazines/newspaper  <input type="checkbox"/> Websites or other digital text              <input type="checkbox"/> Tests    <input type="checkbox"/> Instructions sheets  <input type="checkbox"/> Fiction         </p> <p><b>Describe difficulties</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>■ <b>If student, what is the grade level?</b></p> <p>Placed in grade _____ Reads at _____ grade level</p>	
<p>■ <b>Individual understands better when</b></p> <p> <input type="checkbox"/> Information is read to him/her              <input type="checkbox"/> Information is simplified                      <input type="checkbox"/> Information is repeated         </p>	
<p>■ <b>Cognitive ability</b></p> <p> <input type="checkbox"/> Significantly below average              <input type="checkbox"/> Below average                      <input type="checkbox"/> Average                      <input type="checkbox"/> Above average         </p>	
<p>■ <b>The individual has difficulty understanding written language based on</b></p> <p> <input type="checkbox"/> English as a second language                      <input type="checkbox"/> Language delay         </p>	
<p>■ <b>Does individual have difficulty decoding text?</b>                      <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>	
<p>■ <b>Which of the following have been tried?</b> (✓ Check all that apply)</p> <p> <input type="checkbox"/> Smaller amount of text on page                      <input type="checkbox"/> Graphics to communicate ideas  <input type="checkbox"/> Increased line spacing                                      <input type="checkbox"/> Spoken text to accompany print  <input type="checkbox"/> Simplified reading level                                      <input type="checkbox"/> Reduced length of reading  <input type="checkbox"/> Bold type for main ideas                                      <input type="checkbox"/> Enlarged print  <input type="checkbox"/> More space between words / letters                      <input type="checkbox"/> Have not tried any of these  <input type="checkbox"/> Other _____         </p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p><b>Which of the above were helpful?</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	

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■ Reading assistance strategies that have been tried	Using now	Has used	Not working
Highlighting, marker, templates or other self-help aid in visual tracking			
Colored overlays to change contrast between text and background			
Voice recorder, taped text, or talking books to “read along” with text			
Digital audio files ( <i>Audio books, Mp3, iPod</i> )			
Talking dictionary or talking spell checker			
Mobile device to read electronic books			
Hand held pen scanner to read difficult words or phrases			
Computer with text to speech software			
Electronic Text			
<b>■ Please list specific software and apps that have been tried</b>			
Software _____			
_____			
_____			
Apps _____			
_____			
_____			
_____			
_____			
<b>■ Computer and Mobile device availability and use</b>			
The individual has access to the following computer system			
<input type="checkbox"/> Desktop	<input type="checkbox"/> Laptop	<input type="checkbox"/> Windows	<input type="checkbox"/> Macintosh
The individual has access to the following mobile device:			
<input type="checkbox"/> Apple	<input type="checkbox"/> Blackberry	<input type="checkbox"/> Android	<input type="checkbox"/> Other _____
The individual uses a computer or mobile device:			
<input type="checkbox"/> Rarely	<input type="checkbox"/> Frequently	<input type="checkbox"/> Daily for a limited time	<input type="checkbox"/> Every day, all day