



## Hyde Park Day School Assistive Technology Summer Program Recommendation Form

Please complete this recommendation form and return via email to Ruthie Swibel  
[rswibel@hydeparkday.org](mailto:rswibel@hydeparkday.org)

**Name of student**

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**How long have you known the applicant and in what context?**

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**Please evaluate the candidate in the following areas by placing a check in the appropriate column.**

	<b>Exceeds age expectations</b>	<b>Age appropriate</b>	<b>Needs development</b>
Attention skills, concentration, focus			
Follows directions			
Works well cooperatively/in groups			
Seeks help when needed			
Willingness to try new activities			
Reactions to setbacks			

**Please comment on each of the following regarding this child:**

**Academic strengths and weaknesses: effort, curiosity, motivation, achievement in relation to potential, class participation**

**Learning styles: auditory processing, visual processing, memory, application of learned skills, distractibility, working pace**

**Social skills: cooperation with peers, interaction with adults, respect for others, awareness of social cues**

**Emotional maturity: self-confidence, respect for limits and routine, compliance, ability to make transitions, response to frustration**

**Which technology tools would this student most benefit from and what skill level does the student currently possess with these tools? Your response will assist with placement.**

	Beginning	Developing	Advanced
Knowledge of how to operate a computer (i.e. open programs, etc.)			
Digital dictionary			
Speech-to-text			
Word prediction			
Text-to-speech			
Annotation of text			
Highlighting of text			
Accessing novels in digital formats (audio, text)			
Simplifying web pages			
Creation of audio notes			
Editing support software			

**Your Name/Subject Area**

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**Position**

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**Email**

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