

### Appendix B-4: Learner Characteristics Inventory

Complete this Learner Characteristics Inventory (LCI) document for IEP team discussion in conjunction with the DeSSA-Alternate Assessment Participation Guidelines. Select the best description for the student in each area.

Student Name	
Date	
District	
School	
Student ID	
Grade	
Name/Title of Person Completing the LCI	

<p>1. Classroom Setting</p>	<p><input type="checkbox"/> Special school</p> <p><input type="checkbox"/> Regular school, self-contained classroom for almost all activities</p> <p><input type="checkbox"/> Regular school, self-contained classroom except for homeroom, lunch, and “specials”</p> <p><input type="checkbox"/> Self-contained (children go to some general education academic classes but return to special education (61% or more of school day in special education classes)</p> <p><input type="checkbox"/> Resource room (e.g., children come for services and then go back to their general education classroom (at least 40% of the school day in general education classes)</p> <p><input type="checkbox"/> Inclusive/Collaborative – students based in general education classes, special education services delivered in the general education class (at least 80% of the school day in general education classes)</p>
<p>2. Augmentative Communication System</p> <p>Does your student use an augmentative communication system in addition to or in place of oral speech?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes; uses only one symbol or sign at a time and is able to use only a few symbols in total to express simple or early intents (e.g., drink, eat, toilet, greeting, preferred activity, refusal).</p> <p><input type="checkbox"/> Yes; can combine two symbols together to express broader intents such as social content, answer simple questions, etc. (e.g., expresses greetings, peer names, social exchanges, personal interests).</p> <p><input type="checkbox"/> Yes; uses mostly iconic symbols (clear representations) or signs together in sequence to express functional intents, extensive social interactions, academic content, and to respond consistently to answer questions.</p> <p><input type="checkbox"/> Yes; uses multiple abstract symbols, signs, or print in sentences or phrases on the augmentative communication system to express a variety of academic, social, and self-initiated interactions.</p>
<p>3. Speech Language as a Related Service</p>	<p><input type="checkbox"/> Direct services for communication/language therapy (pull-out)</p> <p><input type="checkbox"/> Direct services integrated into student’s routine/classroom-collaboration</p> <p><input type="checkbox"/> Consultation services only</p> <p><input type="checkbox"/> Student does not currently receive speech language as a related service</p>

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4. Expressive Communication	<input type="checkbox"/> Uses symbolic language to communicate: Student uses verbal or written words, signs, Braille, or language-based augmentative systems to request, initiate, and respond to questions, describe things or events, and express refusal. <input type="checkbox"/> Uses intentional communication, but not at a symbolic language level: Student uses understandable communication through such modes as gestures, pictures, objects/textures, points, etc., to clearly express a variety of intentions. <input type="checkbox"/> Student communicates primarily through cries, facial expressions, change in muscle tone, etc., but no clear use of objects/textures, regularized gestures, pictures, signs, etc., to communicate.
5. Receptive Language	<input type="checkbox"/> Independently follows 1 – 2 step directions presented through words (e.g., words may be spoken, signed, printed, or any combination) and does NOT need additional cues. <input type="checkbox"/> Requires additional cues (e.g., gestures, pictures, objects, or demonstrations/models) to follow 1 – 2 step directions. <input type="checkbox"/> Alerts to sensory input from another person (auditory, visual, touch, movement) BUT requires actual physical assistance to follow simple directions. <input type="checkbox"/> Uncertain response to sensory stimuli (e.g., sound/voice; sight/gesture; touch; movement; smell).
6. Vision	<input type="checkbox"/> Vision within normal limits. <input type="checkbox"/> Corrected vision within normal limits <input type="checkbox"/> Low vision; uses vision for some activities of daily living <input type="checkbox"/> No functional use of vision for activities of daily living, or unable to determine functional use of vision.
7. Hearing	<input type="checkbox"/> Hearing within normal limits. <input type="checkbox"/> Corrected hearing loss within normal limits. <input type="checkbox"/> Hearing loss aided, but still with a significant loss. <input type="checkbox"/> Profound loss, even with aids. <input type="checkbox"/> Unable to determine functional use of hearing.
8. Motor	<input type="checkbox"/> No significant motor dysfunction that requires adaptations. <input type="checkbox"/> Requires adaptations to support motor functioning (e.g., walker, adapted utensils, and/or keyboard). <input type="checkbox"/> Uses wheelchair, positioning equipment, and/or assistive devices for most activities. <input type="checkbox"/> Needs personal assistance for most/all motor activities.
9. Engagement	<input type="checkbox"/> Initiates and sustains social interactions. <input type="checkbox"/> Responds with social interactions, but does not initiate or sustain social interactions. <input type="checkbox"/> Alerts to others. <input type="checkbox"/> Does not alert to others.
10. Health issues/ Attendance	<input type="checkbox"/> Attends at least 90% of school days. <input type="checkbox"/> Attends approximately 75% of school days; absences primarily due to health issues <input type="checkbox"/> Attends approximately 50% or less of school days; absences primarily due to health issues. <input type="checkbox"/> Receives Homebound Instruction due to health issues. <input type="checkbox"/> Highly irregular attendance or homebound instruction due to issues other than health

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<p>11. Reading</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Reads fluently with critical understanding in print or Braille (e.g., to differentiate fact/opinion, point of view, emotional response, etc.).</li> <li><input type="checkbox"/> Reads fluently with basic (literal) understanding from paragraphs/short passages with narrative/informational texts in print or Braille.</li> <li><input type="checkbox"/> Reads basic sight words, simple sentences, directions, bullets, and/or lists in print or Braille</li> <li><input type="checkbox"/> Aware of text/Braille, follows directionality, makes letter distinctions, or tells a story from the pictures that is not linked to the text.</li> <li><input type="checkbox"/> No observable awareness of print or Braille.</li> </ul>
<p>12. Mathematics</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Applies computational procedures to solve real-life or routine word problems from a variety of contexts.</li> <li><input type="checkbox"/> Does computational procedures with or without a calculator.</li> <li><input type="checkbox"/> Counts with 1:1 correspondence to at least 10, and/or makes numbered sets of items.</li> <li><input type="checkbox"/> Counts by rote to 5.</li> <li><input type="checkbox"/> No observable awareness or use of number</li> </ul>
<p>13. Use of Assistive Technology Devices</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul> <p>If "NO", please continue to question 14.          If "YES", Please select any device the student will use on the assessment.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Alternate computer input/access devices: keyboards including alternate keyboard layout, mouse, joystick, touch screen</li> <li><input type="checkbox"/> Portable electronic word processors, with or without voice input</li> <li><input type="checkbox"/> Alternate pointing system</li> <li><input type="checkbox"/> Symbols of all types (objects, tactile, raised drawings, photos, black/white &amp; color, line drawings)</li> <li><input type="checkbox"/> Partner assisted scanning</li> <li><input type="checkbox"/> Calculator, all types</li> <li><input type="checkbox"/> Eye gaze board</li> <li><input type="checkbox"/> Colored overlays, visual screens or other visual supports</li> <li><input type="checkbox"/> Magnification devices/enlarged materials, including computer screen magnification</li> <li><input type="checkbox"/> Switches</li> <li><input type="checkbox"/> Braille</li> <li><input type="checkbox"/> Other</li> </ul>

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14. Please share any additional information you would like the IEP Team to know about the learning characteristics of this student.

Signature: \_\_\_\_\_