BOSTON COMMON ACCESSIBILITY ASSESSMENT TOOL ("BCAAT")

Intended uses

The "Boston Common Accessibility Assessment Tool" or "BCAAT" was developed to assist staff in alternative education and HiSET/GED programs who had limited training/exposure to special education and/or disability inclusion practices. The objective was to provide a tool to help assess student strengths, challenges, learning styles and preferences in order to ensure that content and program designs were accessible to those with hidden disabilities that may never have been diagnosed, were not disclosed, and for whom a historical IEP was not available.

Since its initial use in alternative education settings we have found that youth development agencies involved in non-academic educational and other activities have also found it to be helpful.

BCAAT is not intended to be a diagnostic tool or to replace formal educational assessments. It is intended to assist staff in understanding the way youth and young adults who participate in education, youth development programs and other types of services learn, work and engage with adults and peers most effectively, and where they have trouble, in order to design and provide services that will ensure the greatest degree of success for these young people.

The BCAAT is intended to be administered as part of an interview or conversation with the young person. It is intended for internal agency use and is considered to be a confidential document that should be stored according to an agency's policies and procedures for such documents. Sharing information gathered on the BCAAT with internal and external parties should be subject to the policies and release of information procedures of the individual agency.

The terms "student" and "participant" are used interchangeably.

Staff Instructions

- Document needs to be filled out in privacy.

- Staff has to make sure program participant understands disclaimer at the beginning of the document and review confidentiality and consent.

- Do not include during short initial intake, but after some trust has been established.

- This could be completed on first meeting depending upon length of intake and student interest in completing the form.

- Staff should go over entire document with participant and answer questions

- Student and staff should feel free to skip over areas that do not seem pertinent or student does not want to answer.

- Staff should offer explanations and examples as needed.

- Participant may complete individually with staff present to answer questions, if preferred by participant.

- Staff should give student chance to elaborate on areas they want to talk about more and take notes later. This is a conversation starter more than anything else. Please review notes with student to ensure student is comfortable sharing with others.

- Document should be reviewed with participant after completed.

- In the notes section, do not include staff observations as they can be subjective. Instead, do include comments made by student that are relevant to program, tasks, and staff that may not have been included in the questionnaire such as 'I feel overwhelmed in new situations'. Make sure student is comfortable with notes. May include previous work or relevant experiences.

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Name:_____   **Staff:**_____   **Date**:_____

Please read this before you start completing this form

- ✓ **You don't have to answer any of these questions or disclose any personal information that makes you feel uncomfortable.**
- ✓ The information you provide on this form is meant to help staff help you in the best way we can.
- ✓ The information will be shared with staff of this agency as needed to support your success in this program; otherwise it is treated as confidential and will only be shared with parties outside the agency with your permission.
- ✓ If there is information you want to add later, you can always do that.

Let's get started…

Assets/Supports: We would like to know what you're good at doing, and who you can count on.

What are your academic strengths?

_____
_____
_____
_____

What are your strengths outside of school?

_____
_____
_____
_____

Who is the person/are the people you go to with questions or for help? (for example: family, guardians, friends, teachers, mentor, …)

_____
_____
_____
_____

Goals: **We would like to learn about your goals so we can help you accomplish them!**

What do you want to achieve by attending this program? (for example: employment goals, attending college, attain a degree, …)

_____
_____
_____
_____

What skills do you want to work on?

_____
_____
_____
_____

Preferences: **First we would like to know how you learn best so you're successful and comfortable in the program. Please check all the answers that apply to you…**

Think about a favorite teacher you have had. How did your schools/programs/teachers help you learn? What did they say or do?

_____
_____
_____
_____

How do you like to learn new information?

_____
_____
_____
_____

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When learning new things, it helps me to…

☐ receive explanations in another language (Which? _____)

☐ receive sign language instructions

☐ work alone

☐ work one on one with a tutor

☐ work one on one with a peer

☐ work in a separate space

☐ work in small groups

☐ work in quiet

☐ get extra time

☐ listen to recorded audio

☐ use a calculator

☐ use a talking calculator

☐ use a scribe (someone who takes notes for you)

☐ use a keyboard entry aide

☐ get extra supervised breaks

☐ listen to teacher explain the task

☐ listen to music while working

☐ read instructions aloud

☐ read instructions quietly

☐ read large print

☐ have instructions read to me

☐ take regular short breaks

☐ get up to stretch my legs

☐ see pictures and illustrations

☐ see illustrations of directions

☐ see a video

☐ draw pictures

☐ watch somebody doing a task

☐ be shown an example of the task

☐ do something with my hands

☐ have a note taking guide

☐ step out into a quiet area

☐ receive verbal and written direction

Challenges: We would like to know what is challenging for you so we can best support you and make sure these don't become obstacles to your success.

It's hard for me to …

- ☐ understand what I'm reading
- ☐ remember what I read
- ☐ find specific information in a text
- ☐ stay focused on reading
- ☐ read aloud
- ☐ keep the right word order
- ☐ read a long text without taking breaks
- ☐ understand graphs
- ☐ follow directions

- ☐ stay awake
- ☐ finish tasks on time
- ☐ sit down for more than 30 minutes
- ☐ get along with others
- ☐ work in a large group
- ☐ pay attention for more than 20 minutes
- ☐ be on time
- ☐ keep my things organized

I worry/think a lot about…

- ☐ finding work
- ☐ my work schedule
- ☐ housing issues
- ☐ regular meals
- ☐ my health
- ☐ my family's health
- ☐ transportation
- ☐ money
- ☐ drugs/substance abuse

- ☐ family problems
- ☐ my own safety
- ☐ my future
- ☐ my boyfriend/girlfriend/partner
- ☐ my friends
- ☐ childcare
- ☐ domestic abuse
- ☐ my limited English
- ☐ legal/court issues

If you are comfortable, please include additional information, challenges or concerns. This information helps us to create a supportive and positive experience for you.

_____
_____
_____

Previous Experience: We would like to know what your past schooling experiences were like and especially if you had any special accommodations, arrangements or services so we can try to provide you with similar help when possible.

In the Past I had...

	Rather not say	Yes	No	Not sure
... an **IEP** (for example, a special education plan made just for you; you were in special education)				
...a **504 Plan** (for example, you weren't in special education, but some special arrangements were made for you)				
... **Testing accommodations** (for example, you had extra time to finish tests if needed)				
... **Classroom accommodations** (for example, you sat at the front of the class)				
... **Specialized services** (for example, you had Occupational Therapy, help with speech or language)				

If you answered "yes" to any questions above, what accommodations and/or services did you receive?

_____
_____
_____

What was it like answering these questions?

__It was good   __It was ok.   __It made me uncomfortable

Is there anything else you want to say?

_____
_____
_____

Other Notes/Comments:
_____
_____
_____

Thanks. The information you shared will help us help you!