

Assistive Technology Questionnaire Form

Today's Date _____
Student Name _____
Date of Birth: _____
Parent/Guardian: _____
Address: _____

Date of IEP _____
School: _____
Age: _____ Sex: _____ Grade: _____
Home Phone _____
Work Phone _____
E-mail Address: _____

Exceptionality: _____
Teacher: _____
_____ Minutes per week in Regular Ed.
Requested by: _____

Related Services: _____
Paraprofessional: _____
_____ Minutes per week in Sp.Ed.
Phone: _____

1. What task(s) does the student need to accomplish? _____

2. What is the students current level of performance on this task?

3. How is the student's disability affecting his/her performance?

4. In which enviroment does the task need to be done?

5. Are there enviromental conerns or other issues of concern?

Parental Consent For Assistive Technology Assessment

Date: _____

To the Parent/Guardian of _____

From: _____ Title _____

School: _____

Your child has been referred for an assistive technology assessment. This assessment is to determine whether or not your child may benefit from the use of the assessment process. Your cooperation is appreciated.

Please sign and return this form to your child's classroom teacher.

Check One:

_____ Yes, I give permission for my child to be assessed for assistive technology.

_____ No, I refuse permission for my child to be assessed.

Parent/Guardian Signature

Date

Assistive Technology Referral Form

Student Name _____
Date of Birth: _____
Parent/Guardian: _____
Address: _____

School: _____
Age: _____ Sex: _____ Grade: _____
Home Phone _____
Work Phone _____
E-mail Address: _____

Exceptionality: _____
Teacher: _____
_____ Minutes per week in Regular Ed.
Requested by: _____

Related Services: _____
Paraprofessional: _____
_____ Minutes per week in Sp.Ed.
Phone: _____

I. Area(s) of Concern

- | | |
|-------------------------------|----------------------------|
| a. Activities of Daily Living | h. Math |
| b. Communication | i. Mechanics of Writing |
| c. Composing Written Material | j. Mobility |
| d. Computer Access | k. Positioning and Seating |
| e. Environmental Control | l. Reading |
| f. Hearing | m. Recreation and Leisure |
| g. Learning/Studying | n. Vision |

Other _____

II. Describe the student's current level of performance in this area. What is he/she able to do? What tasks are difficult or impossible because of the disability?

III. In what environment does the student experience this difficulty?

IV. What has already been tried to help with this problem?

a. What helped? How did the student's performance change as a result of this strategy?

b. What didn't work? Why not?

V. What technology does the student currently use?