

Assistive Technology Evaluation Questionnaire

Assistive Technology Services, Advancing Opportunities-**Please use black ink**
 This section is to be completed by **each** of the student's teachers and educational aides

Student Name:	District:	Date:
Person Completing Form:		Grade:
Subject:		Room Number:
E-mail:		

Directions: Please respond to relevant questions, and skip any questions that you do not have an answer to. Return Questionnaire to: Child Study Team Case Manager

What would you like to see the student do, that he or she cannot do now?

What supports / accommodations are already in place to help the student overcome identified difficulties?

Accommodation	Task (ie, note taking, short answers, homework)	how effective has this been, and why?

Classroom Information

How many computers are available in the classroom for the student to use? _____

What types of computers are in the classroom? PC MAC

Does the student need to login under own name? Yes No

Does the student have access to the computer during class time? Yes No

Do any of the classroom computers have specialized software programs?

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Write Out:loud | <input type="checkbox"/> Intellitalk | <input type="checkbox"/> Microsoft Office (Word, Excel, PowerPoint) |
| <input type="checkbox"/> Co:Writer | <input type="checkbox"/> Inspiration | <input type="checkbox"/> Kuzweil |
| <input type="checkbox"/> Draft Builder | <input type="checkbox"/> Kidspiration | <input type="checkbox"/> WYNN |
| <input type="checkbox"/> Other: _____ | | |

Computer Skills

- Uses standard keyboard Independently Need Assistance N/A
- Uses a standard computer mouse Independently Need Assistance N/A
- Reads from the computer screen Independently Need Assistance N/A
- Open a document Independently Need Assistance N/A
- Can name a document Independently Need Assistance N/A
- Use Spell check Independently Need Assistance N/A
- Navigate the Internet Independently Need Assistance N/A

Reading and Writing

What tasks are difficult for the student? Please rank these in order of importance.

Rank	<input type="checkbox"/> Mechanics of Writing	Rank	<input type="checkbox"/> Composing Written Material
	Legibility:		Idea of Organization / Pre Writing:
	Speed:		Proof Reading:
	Fatigue:		Spelling:
	Other:		Other:

Rank	<input type="checkbox"/> Reading Skills	Rank	<input type="checkbox"/> Other
	Decoding:		Organizational Skills:
	Comprehension:		Daily Living / Life Skills:
	Speed:		Note Taking:
	Other:		Other:

Are math skills an area of difficulty for the student? Yes No

Math Subject
Specify Math Program:
Grade level:
Describe students difficulties:

Please include any other important information about the student: