

Assistive Technology Evaluation Questionnaire

Assistive Technology Services, Advancing Opportunities

(This section to be completed by: Occupational Therapist)-**Please use black ink**

Student Name:	District:	Date:
Therapist Name:		Phone Number:
E-mail:		
Therapy Days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		

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 assistive technology, supports, or strategies have you already tried?

Vision

Does the student use Glasses? Contacts?

Does the student have vision issues that affect access to learning materials?
(i.e.: computer, books, handouts, blackboard)

Mobility

The student is ambulatory ambulatory w/mobility aide uses wheeled mobility

Please list any mobility aids used:

Mechanics of Writing

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

	Legibility
	Speed of Writing
	Fatigue
	Other:

Computer Skills

<input type="checkbox"/> Uses standard keyboard	<input type="checkbox"/> Does not work on keyboarding skills
<input type="checkbox"/> Alternative Keyboard: _____	
<input type="checkbox"/> Uses standard computer mouse	<input type="checkbox"/> Does not work on mouse skills
<input type="checkbox"/> Alternative Mouse: _____	
Can read information from the computer screen? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Typing Skills / Speed

<input type="checkbox"/> Does not currently type	<input type="checkbox"/> Activates desired keys on command
<input type="checkbox"/> Types slowly, with one finger	<input type="checkbox"/> Types slowly, with more than one finger
<input type="checkbox"/> Performs 10 finger typing	<input type="checkbox"/> Accidentally hits unwanted keys
<input type="checkbox"/> Requires arm or wrist support to type	

Additional Information

Please include any other important information about the student:
