Assistive Technology Intake

Name:_____

Date of Birth:_____

Medical Diagnosis:_____

Language(s) Spoken at Home:_____

Person Completing Questionnaire:_____

Relationship to Client:_____

Parent/Guardian Name(s):_____

Home Address:_____

Work:_____ Cell:_____ E-Mail:_____

Client lives with:_____

Languages spoken at home:_____

Any custodial or guardianship information that we should be aware of?

_____

School and Grade_____

My child participates in the following services at SCHOOL:

❑ Speech Therapy
❑ Occupational Therapy
❑ Physical Therapy
❑ Vision Services
❑ Behavioral Services
❑ 1:1 Paraprofessional Support
❑ Shared Paraprofessional Support
❑ Other:_____

My child participates in the following services PRIVATELY or AT HOME:

❑ Speech therapy
❑ Occupational Therapy
❑ Physical Therapy
❑ Vision services
❑ Behavioral Services
❑ Other:_____

Please list any specific questions you would like answered as part of this evaluation:

1. _____
2. _____
3. _____

Please indicate the areas in which there are access and/or functional needs concerns.

❏ Reading
❏ Taking Notes
❏ Time Management
❏ Organization
❏ Writing

1. What does the student currently unable to do, or experience difficulty doing?

2. What are the student's learning strengths?

3. What are the areas of concern regarding learning?

4. What devices/assistive technologies are currently in use?
❏ Bookshare
❏ Templates, graphic organizers or other
❏ Speech to text technology (e.g., dictation)
❏ Text to speech technology (e.g., screen readers)
❏ Highly modified/adapted writing or reading
❏ Alternate computer access method (i.e., joystick, scanning, eye gaze)
❏ Other: _____

5. What type of training, if any, has the student received?

6. What is the student's comfort level with using assistive technology independently?

7. What has been suggested and tried in the past? If applicable, why was it not effective?

8. What technology is currently being used in your district?
❏ Bring your own device
❏ iPads
❏ MacBooks
❏ iPads
❏ Chromebooks
❏ Other:_____

9. Is the student already using any of the following?
iPad Tablet
Android Tablet

Other Tablet
eBook Reader
iPhone cell phone
Other cell phone
Other:_____

Level of independence with the technology in use?
- ❏ Independent
- ❏ Independent after setup from teacher
- ❏ Minimum assistance needed
- ❏ Moderate assistance needed
- ❏ Maximum assistance needed

11. Additional Comments: