



## Assistive Technology Intake

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

Language(s) Spoken at Home: \_\_\_\_\_

Person Completing Questionnaire: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Individual lives with: \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

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

\_\_\_\_\_  
School and Grade/Vocation: \_\_\_\_\_

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: \_\_\_\_\_

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 individual currently unable to do, or experience difficulty doing?

2. What are the individual'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 a setup from teacher

Minimum assistance needed

Moderate assistance needed

Maximum assistance needed

11. Additional Comments: