

Information Form for Assistive Technology Evaluation: Parent

Client's Name: _____

Age: _____ Sex: _____

Parent/Guardian Name(s): _____

What outcomes would you like as a result of this evaluation?

How do you think assistive technology may help your child? Check a maximum of 3.

- | | |
|---|---|
| <input type="checkbox"/> Practice academic skills | <input type="checkbox"/> Assist with spelling |
| <input type="checkbox"/> Provide access to computers | <input type="checkbox"/> Assist with organization of school work |
| <input type="checkbox"/> Increase reading comprehension | <input type="checkbox"/> Enable him/her to take tests and demonstrate what s/he knows |
| <input type="checkbox"/> Provide an efficient means of notetaking | <input type="checkbox"/> Provide access to the Internet/leisure |
| <input type="checkbox"/> Increase the speed of his/her typing | <input type="checkbox"/> Provide activities for recreation/leisure |
| <input type="checkbox"/> Improve the quality of written composition | |

Please list your child's strengths, learning style, interests, and any other significant factors that should be considered:

Student's present means of communication

(Check all that are used, circle primary method the student uses)

- | | |
|--|--|
| <input type="checkbox"/> Changes in breathing patterns | <input type="checkbox"/> Body position changes |
| <input type="checkbox"/> Eye-gaze/eye movement | <input type="checkbox"/> Facial expressions |
| <input type="checkbox"/> Gestures | <input type="checkbox"/> Pointing |
| <input type="checkbox"/> Sign language (few combinations) | <input type="checkbox"/> Sign language (many combinations) |
| <input type="checkbox"/> Reliable No | <input type="checkbox"/> Reliable Yes |
| <input type="checkbox"/> Two word utterances | <input type="checkbox"/> Three word utterances |
| <input type="checkbox"/> Vocalizations, list examples: _____ | |
| <input type="checkbox"/> Vowels, vowel combinations, list examples: _____ | |
| <input type="checkbox"/> Semi intelligible speech, estimate % of intelligible: _____ | |
| <input type="checkbox"/> Single words, list examples and approx. # : _____ | |
| <input type="checkbox"/> Communication board: <input type="checkbox"/> tangibles <input type="checkbox"/> pictures <input type="checkbox"/> combo picture/symbols <input type="checkbox"/> words | |
| <input type="checkbox"/> Voice output device (name of device): _____ | |
| <input type="checkbox"/> Intelligible speech | |
| <input type="checkbox"/> Writing | |
| <input type="checkbox"/> Other: _____ | |

To indicate “yes” and “no”, the student:

- Shakes head Signs Vocalizes Gestures Eye gazes
 Points to board Uses word approximations Does not respond consistently

Can a person unfamiliar with the student understand the response:

- Most of the time Sometimes Rarely

Child’s typical attention level:

- Attends appropriately
 Has difficulty staying on task
 Very short attention span

Computer use at home:

- None Mac Windows
 iPad Android tablet

Home Computer Use: (Please check all that apply and list titles of software.)

- No computer use at home Internet browsing Academic skills practice
 Plays computer games: _____
 Texting/email Homework

 Other: _____

Current Keyboarding Ability (Check all that apply):

- Does not currently type Types with 10 fingers and correct hand position
 Types with one finger Accidentally hits unwanted keys
 Types with several fingers Uses adapted / alternate keyboard (please specify):
 Uses one hand _____
 Uses two hands _____

Current mouse/mouse alternative use (Check all that apply):

- Uses mouse
 Independently
 With assistance
- Uses adaptive equipment
 Trackball Head pointer
 Touch screen Other: _____
 Joystick

Homework:

Reading:

- Reads independently Listens to material read by an adult
 Asks for assistance with some words Uses computer
 Listens to books on tape Other: _____
 Uses video magnifier

Written work:

Short assignments:

- Writes independently Uses device:
 Asks for minimal assistance Other: _____
 Dictates to another writer

Reports:

- Writes independently
- Asks for minimal assistance
- Dictates to another writer
- Uses device:
- Other: _____

Math:

- Uses calculator
- Uses manipulatives
- Uses device:
- Other: _____

What difficulties does the student have in learning new material or studying:

(Check all that apply)

- Remembering assignments
- Remembering steps of tasks or assignments
- Finding place in textbooks
- Taking notes during lectures
- Reviewing notes from lectures
- Organizing information / notes
- Organizing materials for a report or paper
- Turning in assignments
- Other: _____

Please summarize your child's abilities and your concerns related to homework:

Seating/Positioning (Check all that apply):

- Sits in regular chair with feet on floor
- Sits in regular chair with support under feet
- Sits in adapted chair
- Sits in wheelchair

Desk Accessibility:

- Uses regular desk
- Uses desk with height adjusted
- Uses adapted table
- Uses wheelchair for desktop
- Has difficulty using table or desk

Description of Seating:

- Seating provides trunk stability
- Seating allows feet to be on the floor
- Seating provides 90/90/90 position
- Has difficulty with head control

Best position for head control is: _____

Questions or other information:

Name of person completing form:

Signature:

Date: