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## Assistive Technology Pre-Assessment Survey

Please complete the following questions and return the survey to the above address. The more information you can provide about the recipient of the assessment, the more thorough an assessment we can make. Your time and effort in completing this is greatly appreciated!

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parents: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

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

Educational Classification: \_\_\_\_\_

Grade: \_\_\_\_\_ Self-contained: \_\_\_\_\_ Mainstream: \_\_\_\_\_ Resource Room: \_\_\_\_\_

### Reason for Referral (Please fill this out.)

Difficulty using a computer  Handwriting (Sloppiness, Fatigue, etc)

Reading (  Comprehension  Decoding)  Study Skills

Composing written material (thought Process, organization)

**OTHER** Please list specific educational goals you wish this child to meet:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# I. Computer Experience

1. Currently uses a computer \_\_\_\_\_ Yes \_\_\_\_\_ No

2. If yes, what type of computer? (Please check all that apply)

- Desktop/Tower
- Laptop
- iPad
- Tablet \_\_\_\_\_

3. What operating system(s) is currently using? (check all that apply)

- Windows 8
- Windows 7
- Vista
- Windows XP
- MAC OS \_\_\_\_\_
- Other \_\_\_\_\_

4. How is computer accessed? (Please check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Standard Keyboard      | <input type="checkbox"/> Mouse             | <input type="checkbox"/> Pencil Splints       |
| <input type="checkbox"/> Ergonomic Keyboard     | <input type="checkbox"/> Trackball         | <input type="checkbox"/> Mouth Stick          |
| <input type="checkbox"/> Intellikeys Keyboard   | <input type="checkbox"/> Trackpad/Touchpad | <input type="checkbox"/> Head Pointer         |
| <input type="checkbox"/> Mini Keyboard          | <input type="checkbox"/> Joystick          | <input type="checkbox"/> Head Mouse           |
| <input type="checkbox"/> Keyboard with Keyguard | <input type="checkbox"/> TouchWindow       | <input type="checkbox"/> Voice Activation     |
| <input type="checkbox"/> Other Adapted Keyboard | <input type="checkbox"/> Switch            | <input type="checkbox"/> Scanning with switch |
- (Please specify) \_\_\_\_\_ (Please see below \*) \_\_\_\_\_

\* **Switch users**, please describe: (a) the *kind* of switch used (b) *how* it is accessed and (c) *where/* how it is mounted:

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5. Using a standard keyboard, which of the following pertain:  
(Please check all that apply.)

- \_\_\_\_\_ Trouble hitting the correct keys
- \_\_\_\_\_ Cannot reach all the keys on the keyboard
- \_\_\_\_\_ Wants to type faster
- \_\_\_\_\_ Uses only one hand to type – LEFT or RIGHT (Please circle one)
- \_\_\_\_\_ Holds down the keys too long and repeat keys unintentionally
- \_\_\_\_\_ Easily tires when typing.
- \_\_\_\_\_ Experiences pain when I type. If so, where? \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_

## II. Sensory Status

1. Vision is within normal limits                      Yes                      No
2. Hearing is within normal limits                      Yes                      No
3. The following devices are used for hearing and/or seeing:
  - Glasses
  - Contacts
  - Hearing Aids
  - Listening Devices

## III. Behavioral Characteristics (please circle)

- |                          |           |      |      |
|--------------------------|-----------|------|------|
| 1. Attention span        | Excellent | Good | Poor |
| 2. Frustration tolerance | Excellent | Good | Poor |
| 3. Impulse control       | Excellent | Good | Poor |
| 4. Works Independently   | Excellent | Good | Poor |

## IV. Reading Ability

1. Reads sight words                      Yes                      No
2. Reads fluently                      Yes                      No
3. Comprehends when reading                      Yes                      No
4. Comprehends when read to                      Yes                      No
5. Current reading level/grade is \_\_\_\_\_.
6. Currently uses the \_\_\_\_\_ reading series.

## V. Writing Ability

- |   |     |    |
|---|-----|----|
| 1. Can hold and use a regular pen             | Yes | No |
| 2. Handwriting is slow, laborious, or messy   | Yes | No |
| 3. Spells well                                | Yes | No |
| 4. Trouble organizing thoughts when composing | Yes | No |

***If child/student has communication challenges, complete this section:***

## VI. Communication

(Please circle)

- |   |     |    |           |
|---|-----|----|-----------|
| 1. Understand most of what is said (receptive skills)   | Yes | No | Sometimes |
| 2. Makes needs and wants known (expressive skills)  | Yes | No | Sometimes |
| 3. People understand when student communicates<br><i>(Other than family, caregivers, and close friends)</i> | Yes | No | Sometimes |

4. Currently uses the following method(s) to communicate:

(check all that apply)

- Speech/Vocalizations
  - Sign Language
  - Gestures
  - Language boards
  - Computer
  - Augmentative Communication Device: (list brand and model)
- \_\_\_\_\_

***If your child/student has physical challenges, complete this section:***

## VII. Motor Skills

1. Physical Disability (*Please describe*)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

2. Mobility

- Walks independently
- Walks with assistance (orthotics, crutches, walker, etc)
- Uses a wheelchair  It is motorized

3. Fine Motor

- Uses 2 hands  Uses 1 hand \_\_\_ right \_\_\_ left
- Can Point  Finger dexterity – Weak Fair Good
- Hand Tremors (circle one)

### VIII. Additional Information

Currently receives the following therapies:

THERAPY	FREQUENCY
Speech/Communication	
Physical Therapy	
Occupational Therapy	
Other	

Two favorite things are: (motivation/ topics of conversation)

- 
- 

Two least favorite things:

- 
- 

**(Please fill this out)**

What things about school are frustrating to the child?

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This pre-assessment form was completed by:

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Name (Please Print) Title email

*We have a free TECH center with workshops, programs, lending library and resources. If you would like to be on our email list and receive info on upcoming events please write your email above. You can remove yourself from the list whenever you want.*