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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
- Hand-held (Palm Pilot, Pocket PC, etc)
  
- Other \_\_\_\_\_

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

- \_\_\_\_\_ Windows XP
- \_\_\_\_\_ Mac OS 10
- \_\_\_\_\_ other
  
- \_\_\_\_\_ Win 2000/ME
- \_\_\_\_\_ Mac OS 9 or below
  
- \_\_\_\_\_ Win 98

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 |

## VI. 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.

## VI. 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)

