

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/tablet _____ Yes _____ No

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

- Desktop/Tower
- Laptop
- iPad
- Chromebook
- Tablet _____

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

- Windows 10
- Windows 8
- Windows 7
- Vista
- MAC OS
- Google Chrome
- 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"/> Large Print 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"/> Touch Screen | <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 *) | <input type="checkbox"/> Other |
- _____

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

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
 - Magnifiers
 - 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
<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?

This pre-assessment form was completed by:

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.