



ASSISTIVE TECHNOLOGY EDUCATIONAL TEAM INTAKE QUESTIONNAIRE

DATE: _____ NAME/TITLE OF PERSON COMPLETING THIS FORM: _____

PHONE: _____ EMAIL ADDRESS: _____

STUDENT'S NAME: _____ DOB: _____ GRADE: _____

CLASSROOM PLACEMENT: _____ DESCRIPTION OF DISABILITY: _____

RELATED SERVICES RECEIVED IN SCHOOL: HEARING OT PT SPEECH LANGUAGE VISION OTHER

DATE OF HEARING SCREENING: PASS FAILED DATE OF VISION SCREENING: PASS FAILED

MARK THE AREA/S OF THIS STUDENT'S PERFORMANCE IN WHICH ASSISTIVE TECHNOLOGY NEEDS TO BE ADDRESSED
(PLEASE BE AS SPECIFIC AS POSSIBLE CHECKING ALL THAT APPLY.)

- CURRICULUM ACCESS COMPOSING WRITTEN MATERIAL MECHANICS OF WRITING
 COMPUTER ACCESS HEARING LEARNING/STUDYING
 MATH ORGANIZATION READING
 SEATING/POSITIONING VISION OTHER (EXPLAIN BELOW)
 COMMUNICATION FOR VOICE OUTPUT

Complete the Communication Intake Questionnaire if checking this box.

1. PLEASE LIST WHAT YOU BELIEVE TO BE THE STUDENT'S STRENGTHS:

2. DESCRIBE THE STUDENT'S CURRENT LEVEL OF PERFORMANCE IN THE AREAS CHECKED ABOVE. WHAT IS HE/SHE ABLE TO DO? WHAT TASKS ARE CHALLENGING AND NEED TO BE CONSIDERED?

3. LIST STRATEGIES/TOOLS THAT HAVE BEEN TRIED TO HELP WITH THE PROBLEM:

A. WHAT HELPED? HOW DID THE STUDENT'S PERFORMANCE CHANGE AS A RESULT OF THIS STRATEGY?

B. WHAT DIDN'T HELP? WHY NOT?

C. PLEASE LIST (IF ANY) THE TECHNOLOGY THE STUDENT CURRENTLY USES:

D. IN THE NEXT YEAR, WHAT WOULD YOU LIKE TO SEE THIS STUDENT LEARN TO DO THAT HE/SHE IS NOT ALREADY DOING?

4. ARE THERE ANY OTHER SPECIAL CONSIDERATIONS THE AT SPECIALIST SHOULD BE AWARE OF?
