



EXECUTIVE DIRECTOR
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ASSISTIVE TECHNOLOGY INTAKE QUESTIONNAIRE
PLEASE COMPLETE AND PROMPTLY RETURN TO YOUR CHILD'S TEACHER

NAME OF PARENT/GUARDIAN: _____

EMAIL ADDRESS: _____

NAME OF STUDENT: _____

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

- | | | |
|--|---|--|
| <input type="checkbox"/> CURRICULUM ACCESS | <input type="checkbox"/> COMPOSING WRITTEN MATERIAL | <input type="checkbox"/> MECHANICS OF WRITING |
| <input type="checkbox"/> COMPUTER ACCESS | <input type="checkbox"/> HEARING | <input type="checkbox"/> LEARNING/STUDYING |
| <input type="checkbox"/> MATH | <input type="checkbox"/> ORGANIZATION | <input type="checkbox"/> READING |
| <input type="checkbox"/> SEATING/POSITIONING | <input type="checkbox"/> VISION | <input type="checkbox"/> OTHER (EXPLAIN BELOW) |
| <input type="checkbox"/> COMMUNICATION FOR VOICE OUTPUT (COMPLETE COMMUNICATION QUESTIONNAIRE IF CHECKING THIS BOX.) | | |

1. DOES YOUR CHILD WEAR GLASSES? YES NO. IF YES, HOW DO THE GLASSES CORRECT YOUR CHILD'S VISION?

2. DOES YOUR CHILD HAVE ANY PROBLEM HEARING? YES NO IF YES, PLEASE DESCRIBE: _____

3. WHAT IS YOUR CHILD'S HAND PREFERENCE? LEFT RIGHT

4. PLEASE CHECK ALL SPECIAL SERVICES YOUR CHILD RECEIVES OUTSIDE OF SCHOOL. OT PT SPEECH
 LANGUAGE OTHER (PLEASE EXPLAIN) _____

5. PLEASE LIST WHAT YOU FEEL TO BE YOUR CHILD'S STRENGTHS: _____

6. PERTAINING TO THE AREAS CHECKED ABOVE: A. WHAT PORTION(S) OF THE ACTIVITY DOES YOUR CHILD DO WELL?

B. WHAT PORTION (S) OF ACTIVITY IS/ARE DIFFICULT FOR YOUR CHILD? _____

C. LIST STRATEGIES/TOOLS THAT HAVE BEEN TRIED TO HELP WITH THE PROBLEM: WHAT HELPED? HOW DID YOUR
 CHILD'S PERFORMANCE CHANGE AS A RESULT OF THIS STRATEGY OR TOOL? _____

7. PLEASE LIST(IF ANY) THE TECHNOLOGY YOUR CHILD CURRENTLY USES: _____

8. DOES YOUR CHILD HAVE ACCESS TO A COMPUTER AT HOME? ___ YES ___ NO INTERNET ACCESS: ___ YES ___ NO

9. DESCRIBE HOW YOUR CHILD USES THE COMPUTER (RIGHT/LEFT HAND, ONE FINGER HUNT AND PECK, ETC): _____

10. PLEASE LIST YOUR CHILD'S FAVORITE ACTIVITIES AND/OR INTERESTS: _____

11. IN THE NEXT YEAR, WHAT WOULD YOU LIKE TO SEE YOUR CHILD LEARN TO DO THAT HE/SHE IS NOT ALREADY DOING?

12. IS THERE ANYTHING ELSE ABOUT YOUR CHILD YOU WOULD LIKE THE AT SPECIALIST TO KNOW?

THANK YOU! ☺